

# Oral Hygiene

VOL. 36, NO. 4

APRIL 1946

Picture of the Month.....	605
Occupational Diseases Among Dentists.....	Irwin B. Golden, D.D.S. 606
How Courteous is Professional Courtesy?.....	Marie Stifel 610
Dental Service for All Aim of Social Security.....	614
Portraits and Profiles of American Dentists.....	Howard A. Hartman, D.D.S. 618
Excusing School Children for Dental Appointments.....	Leon R. Kramer, D.D.S. 622
Principles of Office Remodeling.....	Jerome Salzman, B.S. 624
"So You Lost a Patient . . . ".....	Robert H. Brening, D.D.S. 630
Dentistry in the Veterans Administration.....	George B. Fritz 635
Know Your Druggist.....	Charles F. Pope, Jr., D.D.S. 644

## DEPARTMENTS:

So You Know Something About Dentistry!.....	609	Dear Oral Hygiene.....	642
Dentists in the News.....	620	Technique of the Month.....	647
Editorial Comment.....	640	Ask Oral Hygiene.....	648
		Laffodontia.....	656

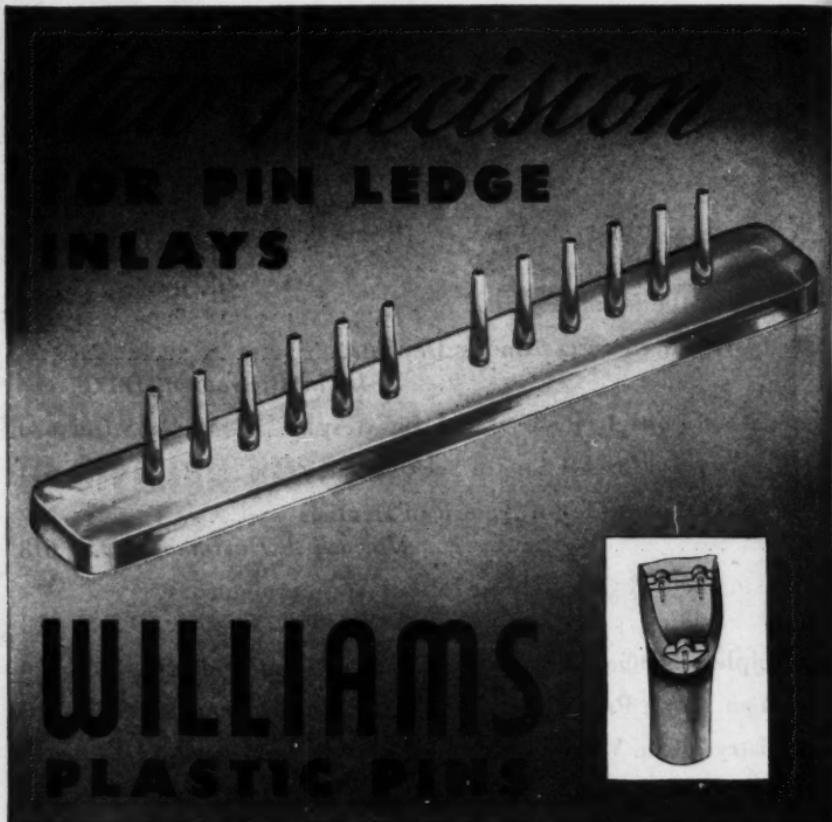
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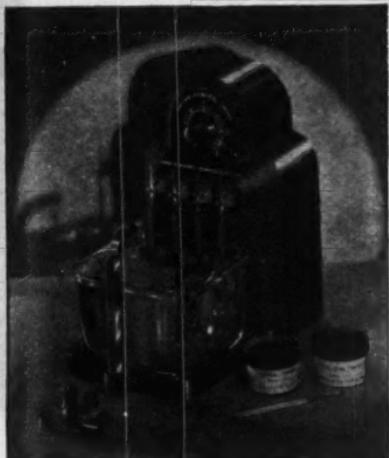
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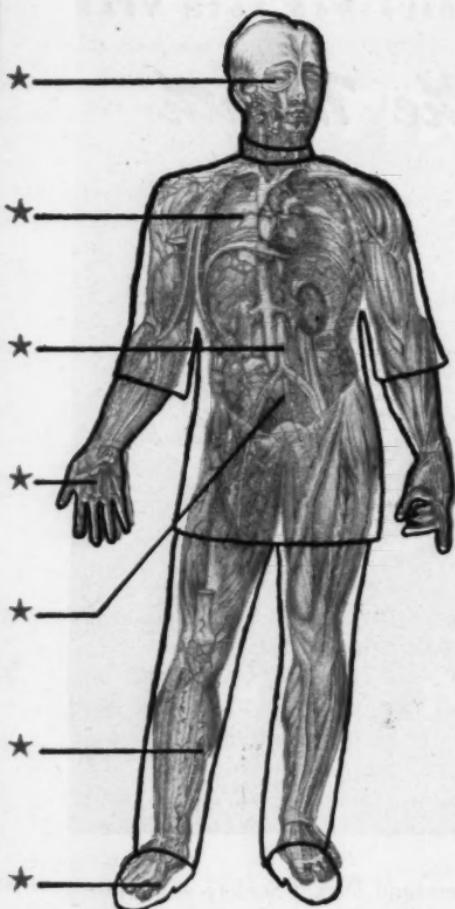


## Picture of the Month



THE SPRING Clinic Meeting of the Cleveland Dental Society will feature a symposium on **SUCCESS IN DENTISTRY** by several dentists of outstanding merit in practice management. Two of the essayists, Doctor Lloyd H. Dodd, President-elect of the Illinois State Dental Society (left), and Doctor W. N. Miller, Flint, Michigan (right), were photographed at the Chicago Midwinter Meeting while discussing the symposium with Doctor Leon Newman, President of the Cleveland Dental Society (center.) The meeting dates are April 29, 30, and May 1, 1946.—Photograph by Howard A. Hartman, D.D.S.

*Ten dollars will be paid for the picture used in this department each month. Send gloss prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.*



**Do you suffer from any physical defects that you attribute to your dental practice?**

YOU HAVE frequently heard someone say, in a tone not intended to be flattering, "He looks like a dentist!" On questioning a person who made such a comment to me not long ago I found that he was referring to a group of character-

## **Occupational Diseases Among Dentists**

**By IRWIN B. GOLDEN, D.D.S.**

istics that were quite clear in his mind as typical of a middle-aged dentist. He described him as a man in a pin-stripe suit, well dressed and professional looking, but with a tired appearance because of his round shoulders, flat feet, and lifeless eyes which were partly obscured by thick glasses.

No doubt a man's devotion to his occupation over a long period of time leaves its mark on him, whether he is the village blacksmith or the town politician. Sometimes the visible signs of a man's occupation are associated with other changes in his body which are not as apparent and which may be associated with or lead to disease. The current interest in occupational diseases has grown out of the discovery that the brawny blacksmith may be suffering from anthracosis of the lungs and the politician who seems to be healthy and well cared for may be suffering from high blood pressure, gall stones, diabetes, or gout. The field

of industrial medicine has grown out of the recognition of the importance of a man's working environment as it affects his general health. The insidious nature of occupational diseases is becoming more apparent every day.

What is there about the practice of dentistry that leaves its mark permanently on the dentist who pursues his profession, let us say, ten years or more? Why is it that physicians are known to be predisposed to coronary occlusion? Why may the average dentist expect to look old and tired after twenty years in practice when other men his age seem to be in excellent health? The answers to some of these questions seem obvious and the ways to avoid them are equally plain. But a better understanding of the situation requires a study of opinions of dentists themselves to determine what changes have occurred in men who have practiced dentistry ten years or more and what conditions brought on these changes. By doing this, it should be possible to obtain information that will be valuable as a guide in the organization of dental practice and private life, so that habits and environment will be less likely to contain disease-producing conditions.

#### **Eyestrain**

How many times have you found yourself straining your eyes to see the dim reaches of an upper third molar for a disto-occlusal restoration? No matter what the

patient pays you it is inadequate if the treatment was done at the expense of your eyesight. Relatively few dentists succeed in solving the difficult lighting problem of this situation with the result that many of us strain our eyes more often than we realize. This is an occupational hazard that can be eliminated only by adequate lighting. It may involve engaging the services of an expert lighting engineer and the installation of a solid wall of lights in front of your chair, but it is worth it in terms of your health.

#### **Respiratory Infections**

In school you were taught to maintain a distance of at least eighteen inches between your face and the patient. One reason for this is to protect yourself and the patient from transmission of upper respiratory infections. Of course, if the lighting is bad and you must get closer in order to see what you are doing, it is not only causing you eyestrain but also increasing your chances of catching one of these infections. How often has a patient with a cold coughed, or sneezed unexpectedly, spraying your face with an inoculum while apologizing profusely? Many men who do not need glasses wear them for protection in such a situation. I think many of us catch colds this way. Do you think repeated exposure gives us a higher resistance to colds? The purpose of this survey is to find out what the majority thinks about this and simi-

lar questions. If it develops that a majority feels that the incidence of colds is greater among dentists than among other people, the logical thing to do is to seek more accurate information, and, in the meantime, to wear a surgical mask while operating.

### Ulcers

I know a dentist personally who developed a peptic ulcer as a result of one dental experience. To be sure, he was predisposed by temperament to this disease and might have developed it in any line of endeavor he chose. It didn't take long, however, for his ulcer to show up under the nervous tension of an Army dental clinic. It is just as possible for him, in private practice, to have a dissatisfied patient who makes a habit of dropping in just before lunch time to make a complaint. This situation, extended over a period of time, would certainly tend to aggravate his condition. It could happen to any of us. If you developed an ulcer, would it be an occupational disease?

We can go down the list of

chronic diseases and pick out many to which a dentist may be more vulnerable than the average citizen. Flat feet, low back pains, and varicose veins, are common among persons whose occupation requires that they spend a great deal of time each day standing in one place. In addition to dentists this group includes barbers, salespeople, sandwich men, and many others. What do you think can be done to avoid or lessen these hazards?

In an effort to answer these questions, a survey of the profession is being undertaken in this issue of *ORAL HYGIENE*. The results will be published in subsequent issues. In order that the figures will have some significance, a high percentage of replies is essential. If you have been in practice ten years or more, you can do much to help answer these questions by filling out the questionnaire on page 605 and mailing it. No postage is required. Do it now and watch for the results of the survey.

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### ORAL HYGIENE AWARD

IRWIN B. GOLDEN, D.D.S., wins this month's \$100 ORAL HYGIENE award for his article OCCUPATIONAL DISEASES AMONG DENTISTS.



## So You Know Something About Dentistry!



### QUIZ XIX

1. When does the first sign of tooth development in the embryo occur? .....
2. A ranula may be associated with which of these? (a) parotid gland, (b) sublingual gland, (c) temporomandibular articulation. ....
3. Which of these factors influence the selection of the color and shade of porcelain teeth for dentures? (a) color of hair, (b) color of eyes, (c) patient's favorite color, (d) color of skin. ....
4. What is dyspnea? .....
5. Barbital and its derivatives are effective (a) sedatives, (b) stimulants, (c) emetics, (d) hypnotics. ....
6. A denture base material should have (a) no thermal conductivity, (b) relatively high thermal conductivity, (c) low thermal conductivity. ....
7. Why should the mixing slab be cooled before mixing cements? ....
8. Which of these metals commonly used in gold alloys are noble metals? (a) gold, (b) silver, (c) platinum, (d) palladium, (e) copper, (f) zinc. ....
9. Should teeth tipped beyond 24 degrees be used as bridge abutments? ....
10. Aphthous ulcer (canker sore) results from what? .....

**FOR CORRECT ANSWERS SEE PAGE 654**

# How Courteous is Professional Courtesy?

By MARIE STIFEL

**Suggestions for revising the custom of professional courtesy so that health services can be rendered on a more satisfactory basis to medical and dental colleagues.**

THERE IS a timeworn custom labelled "professional courtesy" practiced by most dentists and physicians which causes them to feel an obligation to care for other professional men and their families free of charge. It is considered an unwritten law which must be followed but which is generally unsatisfactory to everyone concerned. This seems to be the consensus of opinion of the "grateful patients" as well as of the men who treat them. Discussions on this subject, with practitioners engaged in various fields of dentistry and medicine throughout the country, revealed a growing dissatisfaction with the entire system of exchanging professional services.

Few practitioners know the origin of this custom which they follow. They assume that it is simply a practice which has been handed down through the generations. Actually it is taken from the code formed by an English physician, Doctor Thomas Percival, in

1807, and transcribed in THE PRINCIPLES OF MEDICAL ETHICS OF THE AMERICAN MEDICAL ASSOCIATION. The following paragraph is quoted from this book: "Experience teaches that it is unwise for a physician to treat members of his own family or himself. Consequently a physician should always cheerfully and gratuitously respond with his professional services to the call of any physician practicing in his vicinity or of the immediate family and dependents of physicians." The same practice existed prior to the time of Doctor Percival but it was based on the principles of the Golden Rule and of Brotherly Love.

Thus we see that we still adhere to a code of ethics founded in 1807. Certainly it is time to examine and reconsider the practical application of our ethical concepts as they apply to the professional world today. This seems only logical when we recognize that our way of life has changed



**"Professional men are a generous group and they will continue to give their services. . . ."**

in all these years and new attitudes of mind have developed.

### **Present System Impractical**

While the traditional theory carries with it an aura of unselfishness and service for the good of humanity, it is to all practical purposes economically unsound. Generally those who receive the services gratis are well able to pay for them. The legitimate practice must absorb the expenses of the patients who are treated gratuitously because a practitioner must live on the collections he makes in his office. There is a definite economic injustice when a successful dentist or physician receives no bill from a colleague while a patient in reduced circumstances must pay a maximum fee for the same serv-

ices. Furthermore, it is fairly safe to say that if a man were to figure in dollars and cents what he has received in professional services and compare what he has contributed in similar fashion, he would find he had written his final figures in red ink.

This applies particularly to dentists who seem more harrassed than physicians by the problem of giving their services free of charge. It is easily understandable because a dentist gives not only his time at the chair and in the laboratory but he must supply costly materials as well. Then, too, dental health is maintained only by constant and careful vigilance while medical care is not necessarily a matter of regular attention.

There are similar inequities

within the dental and medical professions where this practice of exchanging services is involved. For example, an exodontist who operates within a few minutes' time can afford to give away his services, whereas an orthodontist who is reciprocating must carry on operative treatment which may extend over a period of several years. By the same token a general practitioner in medicine may be requested to serve innumerable times the person or family of a surgeon whose specialized skill he may never require.

#### **Patients Embarrassed**

Almost all of these diverse situations are a source of embarrassment to everyone involved. One dentist frankly admitted that he no longer would visit professionally the office of one of his good friends practicing general dentistry because he refused to bill him after his visits to the office. He made an arrangement with a total stranger whose dental service he respected and he explained that he wished to be charged on the same basis as any other patient. He confessed that before this agreement had been made, he had neglected the care of his teeth.

The clergy are another group who suffer the embarrassment of receiving no medical or dental bills. Sometimes they and their families are neglected because physicians and dentists caring for them are unwilling to give them services for which they will re-

ceive no remuneration. On the other hand, the members of the clergy themselves often refuse to ask for necessary care because they are reticent about taking the time of a busy man to whom they can be grateful but never indebted. They themselves do not lower the standing of their profession by refusing any recompense for performing the marriage or burial ceremonies.

One of the most valid arguments against free professional services is the truism that anything free is never appreciated. One dentist laughingly said, "An unpaid-for partial denture never fits." But he meant what he said. Orthodontists complain that patients who pay no fee are often careless about keeping their appointments. In this corrective service the cooperation of the patient is highly necessary and usually requested before the treatment is begun. Yet when the results are unsatisfactory, the blame is placed upon the dentist.

If the services between dentists extended only to the men in the profession, the problem would be simplified. But as the situation now exists, the dentists' families are treated free of charge. Sometimes the names of the nurses and assistants in physicians' and dentists' offices are placed on the debit side of a colleague's ledger. Friends who wouldn't think of giving away the products they manufacture expect free professional care from their medical and dental friends. The friend who would feel

much happier if he were sent a bill does not receive it. The list of non-paying patients of a successful practitioner grows and grows like a circle formed by a pebble dropped in a quiet pool of water.

Anyone who has been a "grateful patient" knows the nightmare suffered when it is time to select a suitable Christmas gift for the kind practitioner who never sends a bill. Liquor and magazine advertisements are consulted, fruit of the month organizations are enlisted for help, haberdasheries and sport shops are turned topsy-turvy while the donor sighs and groans, "Why can't I pay my dentist as I do my grocer or department store?" After all the effort expended on finding the appropriate present for the practitioner, it is often a duplicate of something he already possesses or is entirely useless to him. Guns are presented to men who are not hunters and fishing rods are stored in the attics of those who are not fishermen.

The perplexed patients do not realize that they can actually pay for their services. It *can* be done tactfully without offending anyone.

One prominent dentist states and solves the problem in this manner: "One practitioner is always shortchanging another in the procedure as it now exists. The ideal method is to charge a regular fee to professional colleagues and then to allow a discount of 15 or 20 per cent." Naturally there will be exceptions to all rules. Professional men are a generous group and they will continue to give their services where they think they should be given. But even though they recognize that it is a compliment when another practitioner respects their services enough to ask them to care for himself and his family, the broad application of "professional courtesy" is like riding around on a merry-go-round which has long since been outgrown.

#### HIDES DOCUMENTS IN A DENTURE

SPY LITERATURE, fictional and true, abounds with ingenious devices for concealing important documents. The latest variant on this theme is the fashioning of a recess for papers in an upper partial vulcanite denture. From the details reported in the *Yorkshire Evening Press* it appears that Mr. H. F. Shields, of Hong Kong, made the denture in secret for Mr. Douglas Waterton, senior inspector of wireless telegraphs, who was interned in the Stanley internment camp. The recess was large enough to hold a tightly folded sheet of thin foolscap paper and was closed by a sliding panel. Mr. Waterton was caught by Japanese guards and subsequently executed for espionage, but fortunately for Mr. Shields the denture was recovered before the Japanese discovered its secret.—*British Dental Journal*.

## Dental Services for All

## Aim of Social Security



**Doctor Foción Febres Cordero describes the beginnings of the dental service under Social Security in Venezuela and the problems facing dental practice and education in his country.**

BECAUSE OF the possibility of dental service being included under the Social Security Act in the United States, dentists are watching with increased interest the experiences of their colleagues in other countries who are giving dental service as part of a national health program. Venezuela is one of the countries in which a new Social Security system offering dental service to employed persons and their dependents went into effect more than a year ago. The dental program began to operate under somewhat of a handicap for Venezuelan dentists, according to Doctor Foción Febres Cordero of Caracas. A member of the dental

faculty of the Central University of Venezuela, Doctor Cordero is now in the United States to study dental organizations and methods of teaching.

Speaking of the new dental program he said: "The dental clinics operating under the Social Security program were faced at the outset with a heavy demand for service that they were unable to supply. All employed persons earning up to 800 bolivares (\$240) a month and their families are entitled to dentistry under the plan. To begin with the Social Security program is functioning only in Caracas, but as it is possible to organize all the services required it will

be extended to include the whole country. Outside of this city there were only fifty-four dental clinics that had been established by the government to give service to indigents. These clinics employed seventy-five dentists. In Caracas thirty-three dentists were employed twenty-four hours a month to give dental service under this program. Considering that this is a city of 200,000 population in which the ratio is one dentist to 6600 prospective patients, it is easy to see that the development of the Social Security program served to emphasize the great shortage of dentists. In villages and small communities it was found that there were no dentists at all. Construction of dental schools and clinics is being rushed with a view to correcting these deficiencies."

As to the reaction of the profes-

sional men to practicing under the Social Security system, Doctor Cordero said, "Naturally all professional groups feared the inclusion of dental service in the national program might mean that incompetent practitioners would lower dental standards. Fortunately for us, the Venezuelan Association of Dentists has been given charge of the organization of dental services. We now see, also, that it is possible for a competent dentist to give part of his time to the government service and continue his private practice. The younger practitioners who are just becoming established find that it is to their advantage to perform dental service under this plan. A dentist giving service under Social Security is paid at the rate of 200 bolívares (\$60) for twenty-four hours of service a month. Many young

#### VENEZUELAN DENTIST VISITS U. S.

Doctor Foción Febres Cordero was appointed by the Minister of Education of Venezuela to study the organization and functioning of the dental schools of the United States and has come to this country as a guest of our Department of State. After the completion of a course of study last December, offered to him under a fellowship at the School of Dentistry of the University of Michigan, Doctor Cordero decided to enroll as a regular student and is spending an additional year in the United States. Doctor Cordero has been professor of dental pathology in the Central University of Venezuela since 1940. He was founder and first president of the national dental association of Venezuela and was for many years the editor and publisher of the dental journal *Venezuela Odontológica*.

practitioners serve four hours a day in the national program and devote the rest of their time to organizing their own practices."

### Comparison of Practice

In comparing the way in which private dental practices are conducted in Venezuela and in this country Doctor Cordero pointed out that practitioners are well prepared to give excellent dental service in Venezuela. "Private offices are exceptionally well equipped in Caracas," he said. "In many cases they have finer equipment than offices I have seen in this country. Most dentists use equipment imported from the United States for their offices, and the government has supplied magnificent equipment for the clinics operated for indigents and for those functioning under Social Security. We have, however, much to learn from the United States where the finest dentists in the world are practicing and constantly trying to improve their technique.

"In general, fees for dental services in Caracas are higher than in this country, but it must be remembered that the cost of living in the city is almost twice what it is in the major cities of the United States. There is also the great shortage of dentists, which I have mentioned. Efforts are being made now to overcome this lack of practitioners by increasing the equipment in our dental schools and trying to arouse the interest of college students in dentistry."

With reference to women in dentistry, Doctor Cordero pointed out that in recent years women have been entering the professions of medicine, dentistry, law, pharmacy, and engineering in large numbers. At present about fifty per cent of the students in the Venezuelan dental schools are women and seven women dentists are employed in the Social Security program in Caracas.

Dental education is free to all in Venezuela and to students of the other American republics. The government finances the dental schools and supplies the equipment and materials for the students without cost. In the opinion of Doctor Cordero this system could be improved. He believes that it would be more beneficial to dental education if the funds for instruments and materials for teaching were used to employ more dental professors at salaries adequate to permit them to give their full time to teaching. This change in policy could, he believes, be undertaken to good advantage with the opening of the fine new dental school and hospital which will be constructed in the University City of Caracas at a cost of \$10,000,000.

Inasmuch as there are only 550 dentists for a population of 4,000,000, well-qualified dentists from other countries are welcomed in Venezuela, provided they have had training equivalent to that given in the dental schools of the country and if they pass the examina-

tions prescribed by Venezuelan law. Only citizens of those countries in which Venezuelans have similar prerogatives will be granted licenses to practice dentistry. Dentists who are natives of Colombia, Ecuador, Peru, and Bolivia, under the terms of a reciprocity agreement, are allowed to establish practices in Venezuela without taking examinations.

Dental technicians also have a magnificent opportunity in Venezuela. The lack of qualified men and efficient laboratory service makes it necessary to send much of the prosthetic work to the United States with consequent delays and high costs to patients.

Future progress in dentistry in Venezuela depends on closer relations with the dental profession in the United States in the opinion of Doctor Cordero. "I believe," he said, "that dental journals offer the best medium for the wider interchange of new scientific ideas between the United States and

Venezuela. That is why we are most grateful for dental journals translated into Spanish. In years past most of the publications for dentists, including textbooks and scientific journals, came from France and Germany. But now our interest centers in the United States and the other American Republics. Unfortunately, most of the textbooks that we are now using are not the best or the newest. Venezuelan dentists are eager to have the latest editions of dental texts in English translated into Spanish for general use in our schools. These textbooks combined with the interchange of dental publications and students and professors that is now going on between this country and Latin America will aid greatly in unifying the American dental profession and raising the standards of dental service in all South America." (See *PORTRAITS AND PROFILES OF AMERICAN DENTISTS*, page 618.)

#### HYGIENISTS TO PERFORM DENTAL OPERATIONS

UNDER THE New South Wales, Australia, government plan, thirty dental hygienists will undergo a two-year course in oral hygiene. Their training will include extractions and restorations. Upon completion of the course, they will be permitted to give dental treatment to children with deciduous teeth. Children with permanent teeth will be required to attend fully qualified dentists.

The government's plan is the result of the shortage of dentists caused by the war. It is estimated that 95 per cent of the school children in New South Wales require dental treatment.

Representatives of the New South Wales dental profession believe that this plan to permit semi-skilled hygienists to practice dentistry on children will break down professional standards and will weaken, rather than improve, dental health.—*Sydney (Australia) Smith's Weekly*.

# Portraits and Profiles

## OF AMERICAN DENTISTS

By HOWARD A. HARTMAN, D.D.S.

Below:

Clark Merz and E. S. Carpenter, past presidents of Kansas State Dental Society.



Below:

**Chicago Midwinter Meeting:** Comdr. Daniel F. Lynch (DC) USNR, Chairman of A. D. A. International Relations Committee, greets Latin American dentists. Left to right: Ricerio V. Canzani and Guillermo Ries Centeno of Buenos Aires, Argentina; Fencion Febres Corde of Caracas, Venezuela; Comdr. Lynch; Francisco Degni, Sao Paulo, Brazil; and Mario Posada, Medellin, Colombia.





J. Nelden Beckwith, Miami, Florida, and Guillermo Riet Centeno, Buenos Aires, at dinner of American Society of Oral Surgeons.

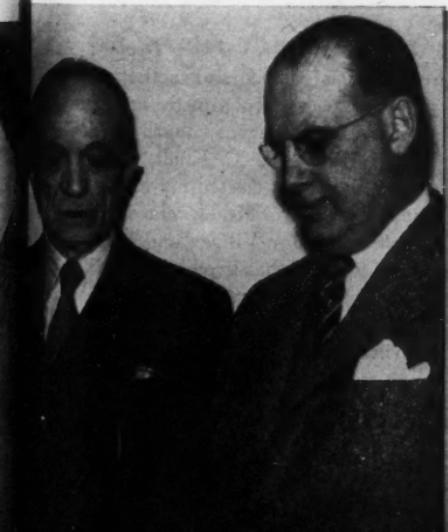


above:

**V. Harry Archer, Head of Department of Oral Surgery and Anesthesia, University of Pittsburgh; Leon Newman, president of the Cleveland Dental Society; James R. Blayney, Director of Walter G. Zoller Memorial Dental Clinic, University of Chicago; Sterling M. Mead, President-elect of the American Dental Association.**

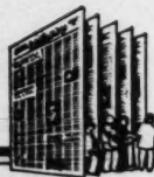
5, below.

Weakley, Washington, D. C.; and  
Richmond, Kansas City, Kansas,  
check A. D. A. insurance figures in Chi-  
cago.



Algebra

**John R. Owen and Norman Donner, past presidents of the Cleveland Dental Society.**



## Dentists in the News

*Kansas City (Missouri) Star*: Doctor Francis M. Hayden, St. Louis dentist, recently gave up his Missouri state automobile license plate No. 5745 so that President Truman could have it. Doctor Hayden had requested the number because it was his house number. The President requested the plate because it stands for the date on which Germany surrendered—5-7-45. License No. 1 was offered to President Truman but he thought it would be too conspicuous for his family car.

*Columbus (Ohio) Evening Dispatch*: At a recent reorganization of the Columbus, Ohio, City Board of Health, Doctor Hamilton B. G. Robinson, a dentist of 509 Cliffside Drive, was named president of the Board. Doctor Robinson was appointed to the Board in January to fill an unexpired term and, at the reorganization meeting, was appointed to a four-year term to succeed himself.

*Detroit (Michigan) Times*: Tom Breneman's radio show "Breakfast in Hollywood" happened to be made into a motion picture by the same name because Doctor Edward Golden, who formerly practiced dentistry in New England but gave it up to become a screen impresario, ran out of cigarettes while on his way home from a party at 5:00 a. m. Doctor Golden was looking for an open drug store when he saw a line of people which he presumed to be a cigarette line. He joined the line and when he reached the head of it, instead of finding a package of cigarettes, he found



himself at the "Breakfast in Hollywood" broadcast. He was so astonished that anyone could get so many people out of bed so early in the morning that he did some investigating.

He found that people stood in line five mornings a week to see Tom Breneman and that 35,000,000 men and women listen to the broadcast every week. Doctor Golden promptly decided to make a motion picture of this attraction and gave Breneman a contract.

*Cleveland (Ohio) Plain Dealer*: At the head of plans and activities for postwar community growth and prosperity in Bay Village, a suburb of Cleveland, is Doctor E. C. Knoll, a dentist who was recently elected mayor without opposition. Mayor Knoll, who has dental offices in Bay Village and in downtown Cleveland, has lived in Bay Village for twenty-two years. During the war years he was director of civilian defense activities. In 1944 he received the first merit award presented by the Bay Men's

Community Club as the "most civic-minded person in Bay Village." Doctor Knoll is a past commander of the Bay Village American Legion Post, a past president of the Bay Men's Community Club, has served three years on the village library board, and two years on the welfare committee. His election as mayor of the village came after citizens of the community "drafted" him for the office.

*Lima (Ohio) News*: President Truman appointed Doctor M. Forwaltor, Van Wert, Ohio, dentist and coin collector, a member of the Annual Assay Commission which met in February at the United States Mint in Philadelphia. This Commission, which comprises ten persons, has met annually since the time of George Washington. Its function is to make tests with reference to weights and fineness of certain coins which have



been reserved by the mints during the preceding year.

*Indianapolis (Indiana) Times*: For the first time in the history of Indiana University's School of Dentistry a woman has been appointed to the school's faculty. She is Doctor Edith Davis, an Indianapolis dentist. Her appointment to the faculty was announced recently by Dean Maynard K. Hine.

This month's awards for stories published in **DENTISTS IN THE NEWS** have been won by:

HOMER C. BROWN, D.D.S., 1815 Franklin Avenue, Columbus, 9, Ohio.  
 S. E. KAUFMAN, D.D.S., 12407 Arlington Avenue, Cleveland 8.  
 MAGDALENE E. SCHEFFLER, 1035 Churchman Avenue, Indianapolis 3.  
 MRS. JOHN W. RICHMOND, 5241 Mission Woods Road, Kansas City, Kansas.  
 A. COLBURN, 16875 Sussex, Detroit 27, Michigan.

### CAN YOU USE A DOLLAR?

To **EVERY READER** who contributes a newsworthy item, something unusual about a dentist, which is published in *Dentists in the News*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to **Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.**

### BILL TO AID DENTISTS INTRODUCED IN HOUSE

REPRESENTATIVE Clare Boothe Luce of Connecticut recently introduced into the House of Representatives a Bill (H.R. 5296) to amend the Internal Revenue Code to allow physicians, surgeons, and dentists to enter as a deduction in their income tax a credit equal in terms of percentages to the amount of time they devote each year to charity, free clinical service, and public research. The Bill was referred to the Committee on Ways and Means.

# Excusing School Children For Dental Appointments



**"The child should receive commendation for having defects corrected . . ."**

**By LEON R. KRAMER, D.D.S.\***

SCHOOL CHILDREN account for about 20 per cent of the population of this country. Virtually all of these children need some dental care each year. If the dentist devotes 20 per cent of his operating time to the care of children, this time amounts to about one

and three-fourths or two hours per day. Because of the nervous and physical strain of performing dental operations, the dentist's physical limitations are reached in a seven- or eight-hour working day. In many areas, the time consumed in traveling from school to the dental office greatly reduces the dental operating time available to children after school hours. In large cities the traffic congestion

\*Director, Division of Dental Hygiene, Kansas State Board of Health, Topeka, Kansas.

**To meet the dental needs of children, authorities in the fields of education, health, and dentistry agree that children should be excused during school hours to fill dental appointments.**

during the hours after school presents a serious problem. Many dentists practice only one-half day on Saturday. There is not enough actual operative time, therefore, to care for school children after school and on holidays.

Operations for younger children involving strain or discomfort can best be performed in the mornings. Both the child and the dentist are physically and mentally rested, a condition which is desirable for obvious reasons. Older children could be given their appointments later in the day.

Caring for one's health and the correction of physical defects are objectives of the educational phases of school health. Principles in health instruction revolve around "knowing" and "doing." Using school time for this type of educational health experience, and for developing positive attitudes toward health care, contribute to both the "knowing" and "doing" phases of health instruction. The child should receive commendation for having defects corrected rather than criticism for using school time for this purpose.

If the parent wishes to accompany the child, particularly the



**"Principles in health instruction revolve around 'knowing' and 'doing.' "**

younger child, to the dentist's office, morning appointments simplify the traffic and transportation problems.

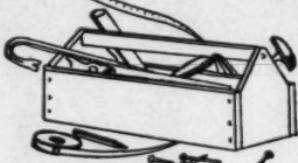
909 National Reserve Life Building  
Topeka, Kansas

**A remodeled building in a low-rent area can provide an attractive dental office at a minimum cost.**



## **Principles of Office Remodeling**

**By JEROME SALZMAN, B.S. IN ARCH. ENG.**



SOME DENTISTS undoubtedly will not want to build or own an office and yet cannot afford to pay the exorbitant rents asked today. We are attempting, in this article, to show what can be done in the way of remodeling to accommodate a dentist.

In the first sketch we show a typical apartment above a store on a twenty-five-foot lot. This is the type of six-room apartment that is often uninviting from the outside. The hall is long and dreary—not at all suitable for the reception room of a dentist's office, and the outside does not typify a modern and efficient office. These buildings are usually in low-rent neighborhoods of a small business section.

On the second plan we have

shown what can be done, without disturbing the structure of the building, at a minimum of cost. The hall, as the plan shows, can be given more light and can be made more interesting by the use of glass block as a partition between the hall, the reception and operating rooms. The light from these rooms reflects through the glass block into the hall giving it warmth, light, and proportions more pleasing to the eye. The exterior of the building can also be improved so that it gives the appearance of a modern, efficient interior. Upon entering we see that the reception room is easily accessible from the hall. The double door downstairs could be left open during business hours. During the evening the double doors could be locked and the ordinary buzz system installed to control entrance into the apartment. The four-room apartment also has a

private vestibule which leads either to the stair hall or to the reception room.

It should be noted that the store proper is not changed and is no part of the remodeling.

### Office and Home

We now have a dentist's office and living quarters independent of each other, yet each having access to the street and complete with its own separate facilities. The dentist could either live in these quarters, rent them out, or convert them into offices which could be rented. An apartment like this in any business section can be rented for from \$35 to \$50 a month. An office of this type cannot be rented for less than \$50 a month. Therefore, it would pay an enterprising young dentist to take a long lease on an apartment like this and remodel it to suit his wishes. The cost of remodeling would be nominal, at the most about \$2000. He can borrow this \$2000 from the Federal Housing Administration for a period of three years and pay it off at \$63.88 per month, which covers interest and principal.

Let us suppose that he pays \$50 a month for the apartment on a long term lease and that he gets \$35 a month rent. If he chooses to rent rather than live there, he gets his office space for \$78.88 a month for the first three years, after which time his rent would fall to \$15 a month. Of this \$78.88, assuming a five-year lease, he can

write off \$400 a year from his income tax for his improvements. This would offset his rental of \$78.88. If he chose to live there his rent naturally would be \$113.88 for the first three years and \$50 a month after that, with the same privilege of writing \$400 a year off of his income tax.

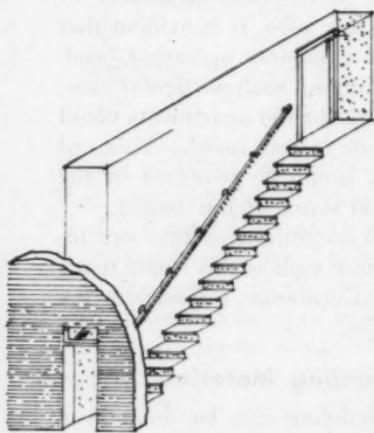
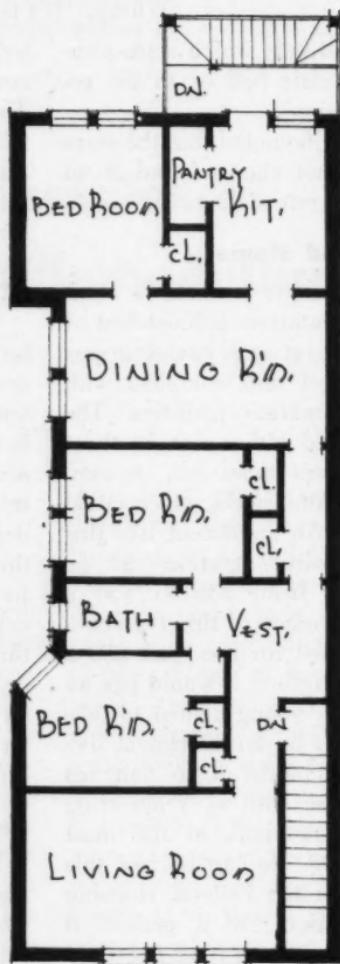
We have tried to show what can be done with an older apartment over a store. This can be done with the same economy to old houses, stores, and structures of almost any type. It is evident that this is a modest operation, and, depending on each particular case, the offices or the apartments could be made more lavish. This, of course, would be governed by the financial status of the dentist.

With conditions as they are today, space such as this would make an ideal economic adjustment for a dentist.

### Remodeling Materials

Remodeling can be done in a multitude of ways with a great variety of materials. Existing partitions can be utilized, and, if some type of board on wood studding, often can be moved with little or no damage to the wall itself. New walls can be made of wood studding and plywood or wood studding and synthetic board, such as celotex, masonite, and plasterboard. These are trade names for manufactured materials, each of which has definite advantages. Plasterboard comes with imitation wood paneling pasted to one side,

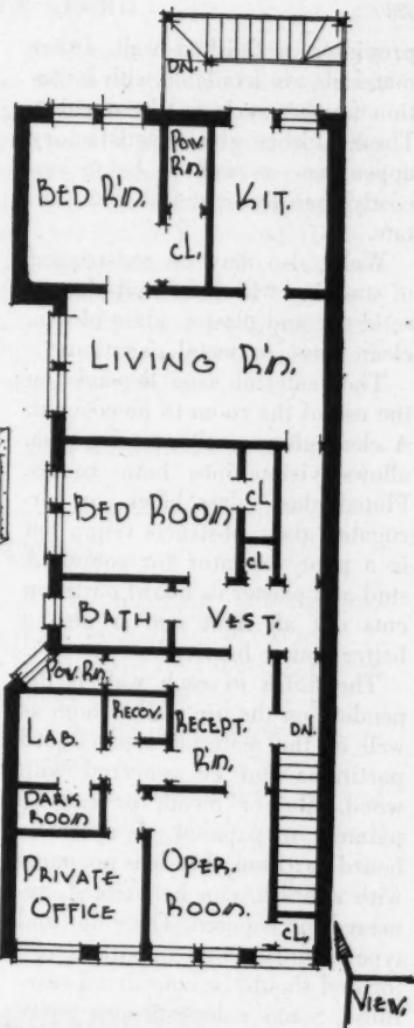
SECOND FLOOR PLAN



**BEFORE**



## SECOND FLOOR PLAN



## STAIR HALL VIEW

## ELEVATION

## AFTER



providing a finished wall. Other materials are available with imitation finishes such as tile or paint. These finishes give a satisfactory appearance as well as being less costly than the material they imitate.

Walls also may be constructed of studding with lathe and plaster, solid tile and plaster, glass blocks, clear glass, or metal partitions.

The material used depends on the use of the room to be covered. A clear glass partition, of course, allows vision into both rooms. Fluted glass, glass block, or corrugated glass, obstructs vision but is a poor insulator for sound. A stud and plaster or board partition cuts out all light and is also a better sound barrier.

The finish of each wall is dependent on the use of the room as well as the material used. Board partitions can be veneered with wood, tile, or metal, or can be painted or papered. A synthetic board partition, if it does not come with a finish, can be painted, veneered, or papered. The color and type of finish is an important factor and should be considered carefully. Some colors absorb more light than others, and some colors are much more restful than others. Each room should be considered individually as well as a part of an integrated unit. The finish should be applied accordingly.

In many offices ceilings are a uniform height, and the partitions being seven feet high do not go to the ceiling. This does not pro-

vide a sound barrier and could be used between a reception room and the general offices, but a partition to the ceiling would have to be used surrounding the operating room.

There are as many materials available for ceilings as for walls. They can be plastered, or, if existing plaster is bad and an acoustical ceiling is desired, a celotex, masonite, or any other synthetic material can be either cemented or nailed up.

Floors, like ceilings and walls, also are available in many materials and should be chosen to fit the needs of the office. Asphalt, linoleum, or rubber tile, can be laid on an old wood or concrete floor. An old wood floor can be sanded, and finished or carpeted. The reception room should be carpeted to provide warmth and a homey atmosphere while the office and operating room should be tiled or finished in linoleum to give a sturdy, easy to clean, nice-appearing floor.

While the floors, walls, and ceilings are the essentials, there are many other items to be considered and thought about in remodeling. Air conditioning can be installed in a unit in any central closet. The units are manufactured by large concerns, and more will be available as well as more efficient as labor and materials become more plentiful.

Lighting, like air conditioning, is generally applied externally, but the wiring must be provided

in the walls. Fluorescent, indirect, and cove lighting can be used with pleasing results and will furnish ample light. In a reception room, the light should not be as bright as in the operating room. The operating room should have an abundance of well-directed light so that the dentist is never in a shadow.

Furniture, cabinets, filing cabinets, and powder rooms can be built in to give a finished look. The cost, although more than that of finished furniture, is often more satisfactory.

Remodeling the building should be left in the hands of a competent architect who will consider the cost as well as the dentist's ability to pay. In many cases remodeling gives a better and more satisfactory result than a new building.

In any planning the economic situation and needs of each dentist should be investigated carefully and the work should be adjusted to individual cases.

188 West Randolph Street  
Chicago 1

## VENTILATING

Specifications for ventilation depend on the conditions in a room, such as its area and height, the location of windows and doors, the number of occupants, and the kind of work to be performed in it. The problem of the ventilating engineer is summarized as follows:

1. To introduce sufficient fresh air.
2. To exhaust spent air.
3. To keep air moving without causing drafts.

4. To maintain uniform and proper working temperatures.
5. To maintain about 50 per cent relative humidity.

6. To clean incoming and recirculated air.

Open windows allow the entry of dust and dirt which may injure documents and clothes and increase maintenance costs. Air-conditioning systems and filters are used to relieve such conditions.

## ACOUSTIC TREATMENT

Hard, plastered walls and glazed surfaces in a room cause sound reflection. This reflection, called reverberation, produces an echo so that it may be difficult to hear distinctly. Soft hangings and sound-absorbing materials will reduce this reflection by absorbing some

of the sound. Soundproofing materials are available for ceilings and walls. Linoleum, cork, rubber, or asphalt tile floor coverings tend to reduce floor noises. Typewriters and other office machines should not be placed in front of steel of-

(Continued on page 634)



**Your patients tell our dentist-reporter what they think of you and your services.**

**By ROBERT H. BRENING, D.D.S.**

## **"So You Lost a Patient . . .**

MY PREVIOUS article entitled **DENTISTS—MEET THE PEOPLE** consisted of generalities in an effort to share a few interesting views and impressions gained from talking to people, picked at random, about dentistry and kindred dental problems. This article is more specific, dealing with the individual answers of those interviewed as well as a number of compiled figures and their implications.

Once again, in interviewing people, the following questions were asked:

“Do you visit a dentist regularly?”

“Have you changed dentists recently, and if you have, what was the reason for your changing?”

“Are you satisfied with your present dentist?”

Before stating the findings to the question “Do you visit a dentist regularly?” I should like to point out that the answers and fig-

ures given must be considered carefully. It is my feeling that these answers may lean too heavily toward the affirmative. The factor of vanity on the part of the persons interviewed, as well as “ego-protection,” probably influence people to reply that they do visit a dentist regularly.

Of the entire number of people approached, men and women, a ratio of five to three replied that they visited their dentist regularly. The answers of women interviewed indicated a higher number of “regular” patients among their group. Twice as many feminine patients answered in the affirmative as those who replied negatively.

Men were evenly divided, and as many indicated that their visits were regular as those who replied that they did not seek the services of a dentist at fixed intervals.

Among those who replied that

they did not have regular care, the laxity was explained largely on the basis of procrastination, although some of the persons indicated that change of residence necessitated by war work had dis-

**Specific questions were asked and from the answers figures were compiled.**



rupted their usual regular dental routine. Some answered that their dentist was in Service while others answered that dentists were so busy they could not get an appointment. Some of the people interviewed indicated that they had recently moved to Chicago and had not as yet established themselves with a regular dentist. Some of the younger men questioned as to their regular visits were recently discharged from military service, and while they had been as "regular" as patients can be under Service conditions, they were anxious to put themselves into some dentist's hands. Yet, a common complaint among them was, "They're all so busy I can't even get an appointment for two months!"

### Changing Dentists

Probably the most important and interesting part of interviewing people was in hearing the answers to the question, "Have you changed dentists recently, and if you have, what was the reason for your changing?"

I was more than surprised that of all of the people I spoke to, half of them had sought care elsewhere than their usual dentist. Fifty per cent had changed dentists recently! Some of these cases are directly the result of wartime living, such as the recent dischargee who as yet had not allied himself to a dentist, or the family that has moved about in keeping step with war work; nevertheless, some of the answers of those interviewed

indicated that they were disappointed in their dentist. These cases were significant in that they do point out a definite misunderstanding in the patients' minds as to what their dentists are doing for them. These people sought other dentists for varied reasons.

Once again the highly important role of the dental assistant and her immediate position between the patient and the dentist manifested itself. One man of approximately forty years of age told me of how he had experienced a toothache and "was told by the nurse that it would be necessary to wait for two days before the dentist could see me." Of course he was extremely disappointed; yet, because of his high regard for the dentist, he faithfully waited through the specified time before presenting at the dental office. It came to my mind, at the time of relating the experience, that once again it might be advantageous to stress to the assistant the necessity of recognizing true emergencies and providing chair time for those people with dispatch. The position of the dental assistant in meeting patients either in person or in telephone conversation is a precarious one on occasion, and does demand prompt decision and thorough evaluation of the individual case. It is impossible to overemphasize the need for the dental assistant to remain keen and alert at all times in speaking to a patient on the telephone. It is most important that she have the ability to anticipate

and determine the patient's actual need and recognize the desire for prompt treatment by the patient. True, this is taxing, and involves good judgment; yet, it is a most important consideration in the smooth running of a dental office.

#### Deferred Appointments

Any number of people seemed to feel that they had been "put off" when advised by the dental office that a delay of six weeks or two months was necessary in making an appointment to receive treatment. Certainly it behooves us as dentists to exercise diplomacy when asking patients to defer their appointments for a two-month period.

Two particularly disgruntled persons of those interviewed, one, a man of perhaps thirty-five years of age, the other a woman of approximately forty years, replied with almost identical answers, "I guess the dentist is more interested in making 'plates' and bridges than he is in cleaning my teeth!" It is regrettable that these patients have the opinion of their former dentists that they do. These people were definite in the statement that they were about to change dentists. While we go to great lengths to educate our patients to preventive dentistry, it is obvious that that education is of little advantage when patients schooled to regular preventive treatment form the opinion of these two people. It might appear that we "sell" people on the idea of preventive dental

care, and then fail to provide it.

Another person who indicated that he was about to seek dental care elsewhere held that "the instruments don't look clean, and the cabinets and things in the office are dusty." The old story of cleanliness—both of person and office surroundings—is a most important consideration.

Another interesting story of the reason for changing dentists was related by a man about forty years of age. He stated that his wife had influenced him to go to the new dentist. He admitted that there was no question of fees involved, but, "the new dentist has better equipment and the office looks 'up to date'; he apparently keeps up on the latest wrinkles." Here, equipment and appearance were the factors that prompted the family to go elsewhere for their dental treatment.

One thought came to mind in speaking to these many people. I tried to contact all types—the apparently "well-to-do" and the "poor"—but the question of fees did not enter into a discussion at any time. Once again it might be a factor of "ego-preservation" or false vanity that kept these people from discussing fees; but I doubt it, for a number of people actually told me that the money involved is secondary if good care is provided. That the fee was not of primary importance was surprising to me—it may be to you.

Another problem that involved changing dentists was one that I

hadn't considered. A young married woman told me that both she and her husband had been "going to a 'downtown' dentist for a number of years, but, now that we have children, I'd like to find a good dentist in the neighborhood, for it is such a chore to take them all the way down to the 'loop.'" Here is a situation where convenience is involved, and a hearty endorsement for a "neighborhood" type of dental practice.

#### **Broken Appointment Fees**

One other cause for misunderstanding that resulted in a patient changing dentists was based on a charge for a broken appointment. According to the patient "you'd think 'Doc' would realize that that was the busy time of the year in my business and would know that I wouldn't miss an appointment if I could help it. If he felt that a charge was in order, he could have added it onto my next bill for 'fillings'—I wouldn't have complained a bit!"

It is necessary that we, as dentists, recognize that a goodly number of patients *do migrate from* their dentist. We must realize, too, that it might not always be an undesirable trait in the patients' make-up that prompts them to change dentists. It is evident in speaking to these people that some of their dental experiences left something to be desired on the part of the dentist. It is apparent that patients do not always leave their dentists for technical reasons

or because they question his professional skill. This is by no means a plea for inferior service. It suggests that, in addition to good dentistry, a patient desires even more from his dentist in the matter of practice management and office up-keep. We, as dentists, should

make a close scrutiny of our own individual practices and eliminate or correct those sources of patient annoyance that might be a danger to a sound practice.

4917 North Hoyne Avenue  
Chicago 25

### PRINCIPLES OF OFFICE REMODELING

(Continued from page 629)

fice partitions or on desks which act like sounding boards. However, if this is necessary, it is possible to reduce the noise by placing rubber or cork mats under them.

Since acoustic materials absorb light as well as sound, and since

some lighting systems depend on the reflection qualities of the room surfaces, care should be taken in the selection of acoustic materials to choose those which are good reflectors of light.

### DECORATIONS

The factor of decoration is not simply one of good taste. The color of the walls has much to do with the diffusion of light. The following table shows the general range of reflection factors of various colored walls and ceilings.

Color	Reflection Factor Per Cent
White	80-90
Cream	65-75
Buff	60-70
Light green	55-65
Light gray	50-60
Light blue	45-55
Dark gray	30-40

Dark red	12-20
Dark green	7-20
Dark blue	7-20
Brown	5-15

These factors will vary with different types of surface and different kinds of coating.

In general, buffs, light greens, and light grays are in use for walls, and mat white or tints for ceilings. However, in rooms for which grays are selected, bright floor coverings are essential, such as red or blue, in order to give warmth to the room.—*Office Planning and Layout*, Metropolitan Life Insurance Company.

# DENTISTRY in the Veterans Administration



By GEORGE B. FRITZ

**Private practitioners are to render, on a fee-for-service basis, a large proportion of dental services to Veterans Administration beneficiaries.**

FOR AT LEAST a generation, the biggest single source of dental patients unquestionably will be the 20,000,000\* men and women veterans of World Wars I and II. An estimated 15,000,000 of these will eventually receive dental or medical benefits from the Veterans Administration. Private practitioners will handle a large proportion of the patients on a fee-for-service basis.

The rapidly expanding dental service of the Veterans Administration recognizes that it cannot meet the needs of ex-soldiers, sailors, and marines without enlisting the aid of dentists in private practice. By the end of this year it hopes to have a list of almost 10,

000 men to whom treatment can be referred under a fee arrangement. The goal is to offer fee service to every ethical dentist recommended by state societies of the American Dental Association.

This is a new policy, representing a radical departure in procedure. Before the war, salaried dentists treated almost 95 per cent of the Administration's outpatients. As recently as November, 1944, the late Lloyd Y. Beers, D.D.S., then assistant medical director in charge of the dental service, declared that "For obvious reasons the Administration much prefers to render all treatment to beneficiaries in its own clinics whenever practical and economical."

But that statement was issued ten months before V-J Day—long

\*World War II veterans will probably total 16,000,000. There are approximately 4,000,000 veterans of World War I living today.

before the full extent of the dental problem that would ultimately challenge the resources of the Administration could be measured. There have been a number of significant policy changes since the Autumn of 1944. In fact, the whole complexion of the government's program to provide dental and medical care to veterans was altered early this year when the President approved the measure to set up a Department of Medicine and Surgery within the Veterans Administration. The new law, freeing the Administration from Civil Service jurisdiction, is regarded in Washington as a landmark in dental and medical planning. It gave official sanction to the Administration's plans to broaden the scope of dental service to veterans. Equally important, it enabled the Administration to carry out the principle that all competent dental practitioners should be given an opportunity to treat veterans.

#### DENTAL SERVICE FOR VETERANS

This, the second of two articles on the dental service of the Veterans Administration, describes opportunities for private dentists to handle veterans cases on a fee-for-service basis. The first article, which appeared last month, discussed opportunities for dentists interested in government service as a career.—*The Editor.*

#### Choice of Dentist

Developments that came close on the heels of the new law suggest that the Administration's dental program will be a far cry from "socialized dentistry." On the contrary, there seems to be every evidence that, in the long run, private dentists may be handling more veteran cases than the Administration's salaried staff. The tremendous task of caring for 15,000,000 veterans would appear to make this almost inevitable. An especially encouraging sign is the decision to permit all veteran outpatients an unrestricted choice of dentist.

At least three important statements of policy—all of them designed to encourage private dentists to participate in the Administration's program—were enunciated early this year by Milburn M. Fowler, D.M.D., acting director of the dental service. Doctor Fowler told *ORAL HYGIENE*:

1. We are now prepared to offer substantially higher payments to dentists treating veterans on a fee basis. Our old fee schedule, in many instances, was obviously inadequate. The new schedule was worked out in close collaboration with, and has the full approval of, the American Dental Association.

2. Our new policy guarantees outpatients complete freedom of choice. If a veteran wishes to go to a particular private dentist, we will permit him to do so even if a Veterans Administration dental clinic is closer to his home. For-

### NEW DEVELOPMENTS ON VA DENTAL SERVICE

Major General Paul A. Hawley plans to take full advantage of the law creating a Department of Medicine and Surgery in the Veterans Administration, which empowers him to fix working hours, leave, and other conditions for dentists and physicians. He has intimated that he will not be bound by established practices.

For instance, dentists will get thirty days' leave a year, cumulative to 120 days. This is the Army-Navy formula. Civil Service, on the other hand, offers only twenty-six days annually. Dentists will get an "indefinite" amount of sick leave—depending in each case on individual circumstances—rather than the fifteen days prescribed by Civil Service.

Under the new setup, dentists, physicians, and nurses will be exempt from the Veterans Administration order docking an hour's leave from an employee who is one minute late to work.

Dentists and physicians will not receive overtime pay for work after forty hours a week. Working schedules will be highly flexible; a dentist may be asked to operate twelve hours one day and four the next. Nurses, however, will work the regulation eight hours a day.

All dentists (and physicians) will be given an opportunity to qualify for specialist ratings, which carry a 25 per cent increase in salary.

merly we referred patients to private dentists only in cases where clinics were not nearby. We instituted this change upon the recommendation of the American Dental Association, and it has been fully endorsed by Major General Paul R. Hawley, acting medical director.

3. To implement our decision to offer service on a fee basis to all ethical dentists, we are inviting state dental societies to establish advisory committees. These committees will be asked to pass on the qualifications of local dentists

who wish to treat veterans referred to them.

#### **"Fee-for-Service Examiners"**

Dentists treating Veterans Administration patients on a fee basis were formerly known as "designated dentists," but recently the term was discarded in favor of "fee-for-service examiners." Doctor Fowler believes that fee-for-service examiners can count on the Veterans Administration for a substantial number of patients once the program gets into full swing. Although the volume may not be

considerable this year or next, it is bound to increase steadily. The peak outpatient load, in fact, may not be reached for ten or fifteen years.

What is expected of a fee-for-service examiner? How is he paid? What standards must he meet? Is much paper work necessary? What kind of dentistry will he do?

Participation involves both advantages and disadvantages. The chief advantages are that the dentist can be certain of payment, ordinarily within thirty days after completion of examination or treatment; that he can handle all referred veterans in his own office, since he will treat only outpatients; and that he can, observing the customary ethical codes, regard Administration cases as a possible source of future private patients. A major disadvantage in the past has been the rather considerable amount of paper work involved. It is understood, however, that new instructions are being drafted to simplify this.

### **Veterans as Private Patients**

Rules and regulations are embodied in a thirty-four paragraph letter mailed to each dentist after he has been selected as a fee-for-service examiner. The paragraph outlining the Administration's attitude on the question of veterans becoming private patients reads as follows:

"Should there be certain defects in a beneficiary's mouth, the cor-

rection of which is not covered by the authorization of the Veterans Administration, there is no objection to your pointing out to him the necessity for having them corrected. Neither is there any objection to your acceding to his request for you to render relief to him as a private patient. The Veterans Administration will not, however, countenance any urgent solicitation or other opportunities on your part to induce him to have dental relief performed in his mouth in addition to that authorized."

The Administration insists that the finest materials be used. It says:

"Nothing but the best grade of materials is to be used in the construction of all types of denture prosthesis for Administration beneficiaries. Casting and wrought golds must meet the applicable American Dental Association specifications; lingual bars must be solid gold alloy of not less than 14K; porcelain teeth must be of an accepted grade; and acrylic resin must be a brand which has been certified by the U. S. Bureau of Standards as meeting the requirements of the American Dental Association specification No. 12."

### **Procedure for Examiner**

Generally speaking, the fee-for-service examiner will perform the same kind of service for veterans as for his private patients. Under

ordinary circumstances, the procedure followed will be:

The dentist will receive a letter from the Veterans Administration advising him that the veteran has been certified for a complete oral examination, which must be completed within thirty days. The examination must be exhaustive and must include roentgenograms. The condition of each tooth must be noted. The location of restorations in each tooth must be indicated. If replacements are needed for teeth previously extracted, the dentist must report whether the veteran previously wore replacements, and if so, when and by whom they were constructed and why they are not being worn. The examiner must supply a detailed description of unusual or pathologic conditions of hard or soft tissues, or of articulation. Where necessary, microscopic and other laboratory tests are expected. Finally, the dentist must submit a comprehensive statement of the treatment he proposes.

The Administration may approve the proposed treatment, in full or in part, or may reject it altogether. In any event, the dentist is paid (according to the fee table) for his examination, roentgenographs, and any emergency relief he may have rendered. If

treatment is approved, the veteran returns at a later date for the services specifically authorized in an official letter. Additional paper work may be involved at this point in the event the dentist finds that for some reason it is impracticable to furnish treatment exactly as authorized. He must then prepare a detailed account explaining why he believes other additional treatment is indicated. As a rule, however, the dentist dispenses with the bulk of paper work when he reports the results of his initial examination.

Doctor Fowler believes that fee-for-service treatment constitutes "an opportunity and a challenge" that will prove attractive to all dentists participating in the Veterans Administration dental program.

"We are going to expand by leaps and bounds," he says. "The 10,000 fee-for-service examiners that we hope to have by the end of the year will represent a five-fold increase. We had only about two thousand such men at the beginning of this year. We cordially invite all ethical dentists to help the Veterans Administration care for the dental needs of our war veterans."

210 East University Parkway  
Baltimore 18, Maryland

#### PAN AMERICAN WEEK

As APRIL fourteenth falls on Sunday this year, President Truman has proclaimed that the week of April 15 to 21 be celebrated as Pan American week throughout the United States and its possessions.



## Editorial Comment

**"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton**

### KEEPING A DENTAL PRACTICE ALIVE

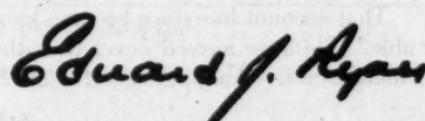
THREE OUTSTANDING authorities on practice management presented a symposium before the Chicago Dental Society. The large attendance is substantial proof that dentists are anxious to know more about their human and their business problems. Dentists realize that they are inadequately trained in practice management procedures although their scientific and technical training is usually adequate. As a result of this failure to teach the business side of practice in the dental college, dentists often have disastrous trial and error experiences in their business relations. Although they are prepared to practice dentistry they are not prepared to make a living from practice. When a decent livelihood is not forthcoming apprehension and worry come upon the scene and the dentist laboring under these conditions is not fit in body or mind to produce good dentistry. To be freed from major economic pressures is the proper preparation that permits the dentist to devote his time and his energies to the good practices in dentistry. And from good practices grows a good practice.

The void in the dentist's training in practice management must be filled after he leaves dental college. The contemporary dental literature and the dental society programs offer the opportunities to increase his knowledge of the subject. Association and discussions with his colleagues are always helpful. The American Dental Association has shown a progressive attitude by establishing a section on practice management that will hold the first session at the next meeting of the Association. The action indicates that the American Dental Association recognizes that its obligation to members does not end with making available the latest and best in dental science and technique. The dentist has before

him the human problem that must be faced before he can execute his professional procedures. The important part of the interpersonal relationship between the dentist and his patient is a common meeting of the minds concerning the obligations involved. After the patient as a human being has been evaluated, the patient as an economic man is appraised. Then comes the time for fulfilling the professional function. Without clearcut procedures in all these interpersonal relationships failures in dental practice will result. It was because of an understanding of the intricacies of the dentist-patient relationship that the American Dental Association created a practice management section. This section will undoubtedly be as popular as similar sections in component and constituent societies.

In his talk before the Chicago symposium Lloyd H. Dodd of the Council on Dental Health emphasized that patients are not cold statistical symbols but are flesh and blood beings. A successful practice, according to Doctor Dodd, is built on pleasant personal relationships that spring from confidence, courtesy, and kindness. W. N. Miller of Flint, Michigan, speaking before the same symposium on the human and psychologic problems in practice, stressed the importance of cleanliness, accuracy, treatment planning, and explanation, as factors that insured successful practice. Charles H. Kendall of Milwaukee, the third speaker, described the transformation that the dentist must undergo when he steps from the operating room into the business office. The dentist is in a dual role: he is both a professional and a business man.

A dental practice is a living thing because it is made up of human beings with their many facets of behavior and emotion. There is no such thing as an established practice. It must be constantly tended, renewed, and kept alive. Dentists are more and more coming to accept this point of view and are giving increased attention to "the man within the patient and the person within the human body."

A handwritten signature in cursive script, appearing to read "Edward J. Ryan".



## Dear Oral Hygiene

### Two Dental Professions

I read the article "BACHELORS OF DENTISTRY" CAN AID OVERWORKED DENTISTS.<sup>1</sup> To follow the idea of this article would mean the creation of two dental professions. This is dangerous. It is not new either for we fought against such a condition in Germany for many years.

The history of this battle began in the last years of the nineteenth century. Around 1890 compulsory health insurance was introduced in Germany. About 1900 limited dental treatment was granted to the insured. By this time the number of dentists, especially in smaller places, seemed to be insufficient. Therefore, some dental technicians were granted permission to treat the dental diseases of the members of the insurance corporations, with the exception of dis-

eases of the mouth and the gingivae. The disastrous result was that around 1930 there were more dental technicians in practice than dentists.

I only can say you should learn by this bad experience before it is too late.  
—F. S. EHRMAN, D.D.S., 4711 Old York Road, Philadelphia.

### Heads List of Prize Winners

I was happy to see my name in the list of those to whom awards for items published in your DENTISTS IN THE NEWS department<sup>2</sup> have been sent. I received the award card for the item which I just submitted. This I value highly as I have collected over thirty such cards and have them in a scrapbook. Thank you.—GEORGE D. ROUSE, D.D.S., P. O. Box 840, Charleston, South Carolina.

<sup>1</sup>Strieby, R. D.: "Bachelors of Dentistry" Can Aid Overworked Dentists, ORAL HYGIENE 36:235 (February) 1946.

<sup>2</sup>Dentists in the News, ORAL HYGIENE 36:48 (January) 1946.

### SAVE MONEY BY SETTING UP YOUR OWN "WITHHOLDING TAX"

I HAD the idea several years ago, after my auditor told me I would have to take social security deductions from the salaries of my two employees. About a month later, I casually asked my secretary if she missed the deduction I was taking out weekly.

"Not really," she told me. "What you don't have you don't miss." "What you don't have you don't miss," I mused. Then it occurred to me: Why not a "withholding plan" for my old age?

I put one into effect the next day. It was simple enough: I told my secretary that in preparing my bank deposits she was to take 10 per cent of my receipts (no matter how little or how much) and deposit them in a new savings account opened in my name.

That account has since become known to my family as "The Untouchable." We have agreed never to withdraw from it except in the gravest emergencies.—Anonymous, *Medical Economics*.

## BEST LAUGHS OF '46 •

—Today: SYD HOFF—



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24

"Try to be brave, Doctor!"

# Know Your Druggist

By CHARLES E. POPE, JR., D.D.S.



**Dentist finds friendly relationship with druggist a profitable aid to establishing practice.**

IN A RECENT issue of a druggists' magazine, *American Druggist*, there appeared an article entitled KNOW YOUR DENTIST. The author, Doctor J. Lewis Blass, Assistant Professor of Periodontia at New York University College of Dentistry, was a pharmacist before taking up the study of dentistry; and, therefore, is qualified to discuss the relationship of the dentist and the druggist. Much of what I will say will be a paraphrase of Doctor Blass' comments, supplemented by personal experiences.

Many patients seek the advice of dentists and druggists before consulting a physician, either because their ills are such that they believe they can treat themselves or because the symptoms first appear in the oral cavity. It is well known that the dentist is often the first to discover indications of dia-

betes, syphilis, and cancer. The druggist may hear about the first symptoms of disease as he talks to a customer or handles requests for self-medication. It is to our advantage, both as an aid in rendering our patients a more efficient health service and as stimulation to an increased patronage, that we work in closer conjunction with our druggist.

Prescribing drugs is becoming an increasingly important phase of dentistry. Preoperative and postoperative care for oral surgery, home care for Vincent's infection and other oral lesions, temporary relief for toothaches, frequently require a written prescription; and it is our business to know the local druggist, make sure he has the required drugs on hand, and that he uses drugs of acceptable quality. Remember, too, that

it gives us prestige to be able to sit down and write out a prescription in front of our patients.

Every dentist is interested in information on new drugs, their chemistry, and the forms in which they are available. Every druggist usually receives advance information on such items. Why not seek out your druggist and have him keep you informed on the latest approved drugs, techniques, and methods of administration? You will be surprised to discover the value of his hand-picked material, and patients will soon learn of your efforts to stay abreast of the latest discoveries. Progressive dentists and druggists, working in close relationship, can benefit more people more efficiently and with mutual profit to each other.

Now, a word to those recently

graduated dentists seeking to establish a practice or returning dental officers who plan to relocate. The neighborhood druggist is of inestimable value in supplying information as to the type of people in the community, whether or not they own their homes, how they pay their bills, and many of the other facts so necessary to establishing a practice with a bright future. I am a recently established dentist in my neighborhood and can heartily assure anyone that, had it not been for the corner druggist, I would not feel as secure toward my future practice as I do now. I suggest that you lean a little more on your druggist and profit from the partnership.

6655 Montgomery Road  
Cincinnati 13, Ohio

#### COLONEL SMITH SUCCEEDS GENERAL MILLS

MAJOR GENERAL Robert H. Mills, whose four-year term of office as Chief of the Dental Division, Office of the Surgeon General of the Army, expired on March 16, was succeeded by Colonel Thomas L. Smith (DC) who will serve in the grade of brigadier general. He was theater dental surgeon of the European Theater of Operations prior to his recent return to the United States. Colonel Neal A. Harper (DC), former Director of the Department of Dental Field Service, Medical Field Service School, Carlisle Barracks, Pennsylvania, has been ordered overseas to replace Colonel Smith as theater dental surgeon, ETO.

Colonel Smith received his D.D.S. degree from Emory University in 1916 and was appointed dental surgeon, U. S. Army, the same year. During the last 29 years Colonel Smith has had many important assignments in continental United States and overseas, among which were senior dental representative, Medical Field Service School; camp dental surgeon, Camp Shelby, Mississippi; Army dental surgeon, 2d Army. Other station assignments were Lawson General Hospital, Atlanta, Georgia; Fort Benning, Georgia; Jefferson Barracks, Missouri; Canal Zone; and Philippine Islands.—*Army and Navy Register*.

## **DENTAL LIFE REFLECTED IN PRIZE-WINNING STORIES**

**ALMOST \$4000** in awards have been won by dental writers in the monthly **ORAL HYGIENE** contest in which the author submitting the best story published each month receives a \$100 prize.

Dental officers, civilian dentists, dental assistants, and dental hygienists, have been awarded prizes for a wide variety of stories. "The Dentist Has a Housing Problem Too" is the title of one prize-winning article and another one answers the timely question, "Who Will Get the Surplus Dental Property?" One dentist described his rugged life on the Yukon, another offered his reasons for the failures in dentistry, and a forward-looking dentist contributed his practical ideas for a retirement plan.

Your own story may be just as interesting as any of those you have read in **ORAL HYGIENE**. And you are the only one who can tell it!

If you don't have a gift for feature writing you may have practical suggestions for improving dental practice, for the wider distribution of dental service to the public, for a retirement program, or a plan to aid dentists who are returning from military service.

Whatever your ideas about the future of dentistry are, we want to know about them. Tell us in 1500 words what your own plans are or what the dentists around you are thinking and talking about. Here are the rules to follow:

1. Your article must have a dental angle.
2. Set down your ideas in simple, direct, forceful language without literary flourishes.
3. All manuscripts must be limited to 1500 words, typed, double-spaced, and accompanied by return postage.

Send your story now! You may be the winner of the next \$100 award. Mail your manuscript to: Edward J. Ryan, D.D.S., Editor, **ORAL HYGIENE**, 708 Church Street, Evanston, Illinois.



## *Technique of the Month*

Conducted by W. EARLE CRAIG, D.D.S.

*Drawings by Dorothy Sterling*

### **Penicillin Treatment of Vincent's Infection**

**R**

Penicillin sodium                    100,000 Oxford units

Normal saline solution            200 cc.

Sig. One teaspoonful plus three teaspoonfuls  
distilled water. Hold in mouth.  
Once every hour in severe cases.

\_\_\_\_\_  
D.D.S.

Keep under refrigeration.

Many dentists have written to this department describing their success in using penicillin in the treatment of Vincent's infection. By request, we reproduce a prescription for a penicillin sodium preparation which has been found effective by a number of practitioners.



## Ask Oral Hygiene

Please communicate directly with the Department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

### Rampant Caries

Q.—In the community where I practice I am confronted with an unusually large number of teen-age children with badly decayed and broken-down upper anterior teeth—many in such a serious condition they have to be devitalized or extracted. The caries are too extensive for silicate restorations and they need large inlays or porcelain crowns.

What do you think of devitalizing these teeth and restoring them with porcelain crowns? At how early an age would you say an anterior tooth can be successfully devitalized and the root filled? Many of these patients are too young for bridges, and partial dentures are not satisfactory or desirable for children.

I shall appreciate any suggestions you may have to offer.—R. M. B., Montana.

A.—Orban<sup>1</sup> says that the maxillary central and lateral incisor roots are fully formed at from ten to eleven years of age and the cusps from thirteen to fifteen years of age.

Your problem of "badly decayed and broken-down incisors in teen-age children" is surely a serious one. If one can have these children as patients from babyhood the diet and hygiene can be controlled to the point of there being relatively few hopeless cases of caries. What there is can then be

taken care of immediately and thus the condition controlled until the teen age has passed and with it the period of great susceptibility.

It is our plan to handle cases of badly decayed anterior teeth with temporary restorations protecting the pulps with sedative cement in an effort to keep the pulps alive and healthy. We never voluntarily destroy a pulp; knowing the uncertainty of results in root canal therapy. If teeth are too badly broken down to hold restorations, we feel justified in using pin inlays and open face crowns until it is safe to use jacket crowns, porcelain or acrylic, which is usually not until the late teens. In the meantime we have *L. bacillus acidophilus* tests made and correct the diet in accordance with the findings in an effort to reduce the incidence of caries.—GEORGE R. WARNER.

### Separation of Teeth

Q.—I have a patient, a woman 41 years of age. She noticed her upper anterior teeth starting to protrude and separate about eight years ago. She has no bad lip or tongue habits, and her occlusion is perfect. The separation starts from mesial of right lateral to mesial of left lateral. The separation between right lateral and central is 2 mm.; between centrals, 2 mm.; between left lateral and central, 1½ mm.

What can be causing this, and how

<sup>1</sup>Orban, Balint: *Oral Histology and Embryology*, St. Louis, The C. V. Mosby Company, 1944.

can it be corrected?—B. B., New Jersey.

**A.**—The separation and protrusion of the teeth in your patient's case is the result of the alveolar atrophy which is shown in the roentgenograms enclosed with your letter. While the loss of alveolar bone is apparently the primary cause of the drifting of these maxillary incisors, I suspect that there are contributing causes of tongue, lip, open mouth, chin resting on hands, or some other habits during waking or sleeping hours of which the patient is not conscious.

There is not much you can do for your patient except to keep the subgingival areas free from deposits, be sure the mandibular incisors do not traumatize these teeth and that the patient keeps the circulation well stimulated with her brushing. And, naturally, look for and correct the habits that may be in casual relation to the condition.

—GEORGE R. WARNER.

### Loss of Suction

**Q.**—Last year I made an upper rubber-based full denture for a man, 64, who had five unsuccessful dentures. He has had poor health for the last four or five years.

I made a plaster impression, and he has had good suction until now—his denture has begun to drop. Would this be because of his poor health? He wears a full lower denture, although the lower jaw is shallow. However, the occlusion is good.

Any information you can give me will be appreciated. I have constructed a great many dentures, but I have never had a case like this.—A. G. D., New York.

**A.**—Often in such a case, perfecting the postdam seal is all that is necessary to reestablish suction. You can usually locate the leak by

rocking the denture until it breaks suction, as you watch for the escape of air bubbles.—V. CLYDE SMEDLEY.

### Diseased Pulp?

**Q.**—A young woman came to my office with extensive caries in a lower molar. The tooth gave her no pain. I felt there was too little tooth structure left to place a restoration or to make an inlay, so I prepared the tooth for a gold shell crown and filled the tooth with cement. I avoided heating the tooth while preparing it. There was swelling in the jaw for a few days afterward, but no pain. What could have caused the swelling? Would it be safe to crown the tooth if the swelling disappears and the tooth stays comfortable for two to four weeks?

Occasionally, I see a patient who seems to have a low-grade infection of all, or nearly all, the teeth with no pain or pus, but a slight looseness of the teeth. What causes this condition? Can anything be done for it besides extraction?

After teeth are already erupted, what good does it do to take calcium to prevent caries?—S. S. H., Kansas

**A.**—In a tooth in which there is extensive caries, even though the pulp is not exposed, or in the case of a tooth with a large restoration, there is always the possibility of the pulp being diseased though still vital. If a tooth has a diseased vital pulp there is usually an eventual change in the periapical bone indicative of infection in the pulp. If you will send me a roentgenogram of the tooth in question I shall be glad to read it for you, and I think I can tell you if it will be safe to retain the tooth. I cannot tell you what caused the swelling now, but possibly I can when I see roentgenograms of the region.

Loosening of the teeth without evidence of pus can be the result of diffuse alveolar atrophy. In such

cases one should be sure there are no subgingival deposits; that the teeth are not in traumatic occlusion; that the patient is in good health, is on a balanced diet; and that the home care of the mouth keeps the teeth clean and stimulates the circulation in the soft tissues. The necessity of extraction would have to be determined after a thorough clinical and roentgenographic examination.

So far as we know the taking of calcium has no direct effect in preventing caries. An adequate amount of calcium in the diet promotes good health and may make the buffer quality of the saliva better.—GEORGE R. WARNER.

### Injury to Teeth

Q.—I am enclosing some roentgenograms of a girl, 8 years old, who was in an automobile accident last year. She was advised at that time to have her central incisors extracted, but she has been traveling from place to place and has now come to me for advice.

There is no discoloration of the teeth but there are two open sinuses, one above each tooth close to the gingival, which made me think of the possibility of fractures.

Should we endeavor to hold these teeth a while longer, or extract? The child's physician tells me she has a 65 per cent hemoglobin, but she has been undernourished. Otherwise, she seems to be a normal child; vivacious, cheerful, and nice appearing.—D. H. M., Montana.

A.—You do not say whether the central incisors in your case are vital. There is no periapical evidence of putrescent pulps yet the fistulous tracts are indications of necrosis. In the lower of the two roentgenograms there is an appearance of fracture of the teeth just above the amelo-cemental junction. We know that roots can

be fractured and remain vital for many years.

It seems to me it would be wise to watch and wait in your case, for it certainly would be much to the advantage of the child if the teeth in question could be kept until she is at least well into her teens. In the meantime, exploration of the fistulous tracts and possible elimination of splinters or necrosed bone would be in order.—GEORGE R. WARNER.

### Thumb-Sucking

Q.—What can I do to prevent a 12-year-old boy from sucking his thumb?

The last two days I have had sensations of static electricity in my fingers while using the dental unit, and patients have complained of electrical shock to their teeth.—U. B. J., Minnesota.

A.—An orthodontist friend says that none of the devices such as mittens, aluminum or cardboard tubes, or vile-tasting concoctions which may be used effectively to break thumb-sucking in a small child, are applicable to a 12-year-old child. Therefore, if neither you nor his parents can induce him to stop this practice by appealing to his reason or pride, his parents might do well to consult a psychiatrist.

In regard to the excess of static electricity while your unit is running, you had better have an electrician check the engine wiring for a short, provide a ground connection, or whatever he may find necessary.—V. CLYDE SMEDLEY.

### Use of Superoxol

Q.—Regarding your mention of Orban's treatment with superoxol,<sup>2</sup> may I

<sup>2</sup>Orban's Treatment: Ask Oral Hygiene in ORAL HYGIENE 35:1394 (August) 1945.

DENTA PEARL  
ACRYVÉLUM

## Justi-facts

# 51

CYCLO-MOLD TEETH • JUSTI-TONE T-3 • FILM-AC

Fluorescent ACRYNAMEL, STAINS and ACCESSORIES

405. The MUCO-SEAL impression technique involves many new principles—consider the following:

406. The ridge is unimportant. It may be a good ridge, a bad ridge or no ridge,—RETENTION is assured. The ridge acts as a bearing surface only. All persons have this bearing surface.



407. Certain soft tissue areas are utilized for positive RETENTION. These areas are:

a) The sublingual space; b) Retro-molar triangle; c) The entire extent of the ridge excluding the mylo-hyoid lingual flange area.

408. It is important to extend sublingual BACKWARD,—NOT DOWNWARD as in the past.

409. Finish all margins with an approximate  $\frac{1}{8}$ th inch roll—the sublingual space with a  $\frac{1}{4}$  inch roll.

410. Positive retention occurs despite all normal mouth movements. The lower denture will not float and will actively resist all displacing forces.

★ ★ ★

(Complete technique and instructions in MUCO-SEAL impression material package)

Products with a Single Purpose - Better Dentistry

H. D. JUSTI & SON, INC. PHILADELPHIA 4, PA. RELIABLE DENTAL PRODUCTS SINCE 1864

have more details? Is the cotton saturated with the magnesium superoxol powder; or a solution or paste? Does the area have to be blocked off with cotton rolls?—A. S. F., New York.

**A.**—In the use of superoxol to reduce gingival hypertrophy the pledget of cotton is saturated with superoxol ( $H_2O_2$  30% Merck) and pressed into the interproximal space and under the gingiva. It is not necessary to use cotton rolls to block off the area under treatment.

—GEORGE R. WARNER.

### Viscosity of Saliva

**Q.**—I should appreciate your advice with reference to a patient for whom I made a full upper acrylic denture and lower lingual bar case. This patient was wearing a full upper denture which did not stay in place, in my opinion because of not having been carried back to the junction of the hard and soft palate, and it was also short of the hamular notch area. The new upper denture has good retention and is at least one-quarter of an inch longer posteriorly than the old case.

The patient's complaint on the new case is the accumulation of a thickropy saliva under the denture to the extent of causing discomfort and some gagging. This patient, a man about sixty years old, is cooperative. I have had him use various types of mouthwashes and increase his water intake, without any results. The denture has now been in position about six months.—A. A. G., Ohio.

**A.**—The viscosity or ropiness of the saliva can be largely controlled through a regulation of the diet. If your patient will eliminate all sugar and starch for several days the viscous condition should disappear. He can then ease back into the taking of only as much carbohydrate food as he can handle, as indicated by the condition of the saliva.—V. CLYDE SMEDLEY.

### Lip Biting

**Q.**—On two occasions after a mandibular injection the patient, a boy about sixteen, returned with an abrasion or sloughing of the mucous membrane, about the size of a dime, just inside the lip. There was some swelling but no pain.

Can you in any way associate this with the injection? I am quite sure I did not traumatize the tissue. This has never occurred to me before in my twenty-five years of practice. Might this have any relation to the nerve endings which terminate in the lower lip?—E. F. M., Ohio.

**A.**—Your patient bit his lip while it was anesthetized. The only strange thing about it is that this has never occurred before in twenty-five years of your practice.—V. CLYDE SMEDLEY.

### Paresthesia

**Q.**—I extracted a lower left third molar twenty-eight months ago. The lip has remained numb ever since. I have taken frequent roentgenograms of this area and found nothing unusual. The most recent roentgenograms, which I am enclosing, seem to show something. I should like to have your interpretation.—G. H. S., Pennsylvania.

**A.**—The small, round radiopaque entity, which shows in all four of the roentgenograms which you sent, is undoubtedly a root tip. This interpretation is verified by the roentgenographic value of the object and by the fact that it is encircled by a radiolucent line of the diameter of normal periodontal membrane.

This root tip appears to be lying above the inferior dental canal; therefore, its presence may not be related to the paresthesia of which you speak. However, the paresthesia having persisted for over two years, the inferior dental

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nerve was not only injured, or probably severed, but there is something interfering with the ends reuniting. It is possible that

one might discover and overcome the difficulty by uncovering this area generously and having a look in the canal.—GEORGE R. WARNER.

## SO YOU KNOW SOMETHING ABOUT DENTISTRY!

### ANSWERS TO QUIZ XIX

(SEE PAGE 609 FOR QUESTIONS)

1. The first sign of tooth development is the thickening of the mouth epithelium at certain places occurring between the thirty-fourth and thirty-eighth days of embryonic life. (Orban, Balint: *Oral Histology and Embryology*, 2nd Edition, C. V. Mosby, 1929, page 175)
2. (b) sublingual gland. (Kronfeld, Rudolf: *Histopathology of the Teeth and their Surrounding Structures*, 2nd Edition, Lea & Febiger, 1939, page 492)
3. All but (c) patient's favorite color. (Miller, R. G.: *Synopsis of Full and Partial Dentures*, C. V. Mosby, 1942, page 101)
4. Labored and difficult breathing frequently encountered in anesthesia.
5. (a) sedatives and (d) hypnotics. (Accepted Dental Remedies, 10th Edition, American Dental Association, 1944, page 69)
6. (b) relatively high thermal conductivity. (Skinner, E. W.: *The Science of Dental Materials*, 2nd Edition, Saunders, 1941, page 64)
7. To prolong the setting time before cement is inserted into the mouth. (Skinner, E. W.: *The Science of Dental Materials*, 2nd Edition, Saunders, 1941, page 208)
8. (a) gold, (b) silver, (c) platinum, and (d) palladium.
9. Not as a rule. (Tylman, S. D.: *Crown and Bridge Prosthesis*, C. V. Mosby, 1940, page 20)
10. It may be caused by a bruise or it may indicate a chronic gastric disturbance. (McCall, J. O.: *Fundamentals of Dentistry in Medicine and Public Health*, MacMillian, 1938, page 103)



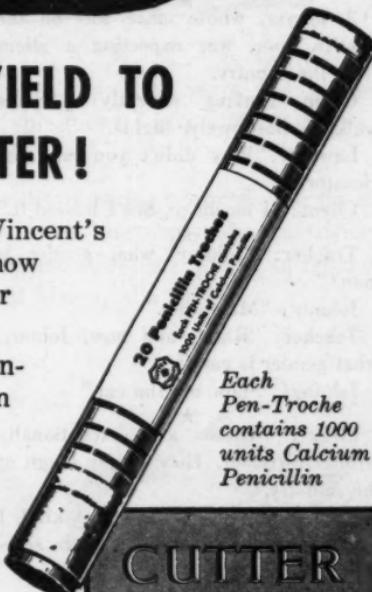
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## Laffodontia

The truck driver lost control and ran his car into a house where, in the kitchen, a woman stood ironing. Bewildered, he did not know what to say and blurted out: "Can you tell me the way to Detroit?"

"Yes," she replied, "straight past the sideboard and then turn to the left by the piano."

★  
Chinese visitor says: "Funny people, you Americans. You take a glass—you put in sugar to make it sweet and lemon to make it sour; you put in gin to warm you up and ice to keep you cool—you say 'Here's to you,' and then you drink it yourself."

★  
A lawyer, whose office was on the twelfth floor, was expecting a client from the country.

Client (puffing violently): "Some walk up those twelve flights."

Lawyer: "Why didn't you take the elevator?"

Client: "I meant to, but I missed it."

★  
Teacher: "Johnny, what gender is man?"

Johnny: "Masculine."

Teacher: "Right, and now, Johnny, what gender is cat?"

Johnny: "Show me the cat."

★  
Clerk: "These are exceptionally strong shirts, sir. They simply laugh at the laundry."

Customer: "Yes, I know that kind. I had some come back with their sides split."

★  
Two men the other evening, driving home from a swell party, car zigzagging all over the road:

Jim: "Careful, Mac! Y'liable to run us into a ditch."

Mac: "Who me? I thought you was driving."

★  
Bride: "I don't want any more flour like that you sold me last week."

Grocer: "What was the matter with it?"

★  
Bride: "It was so tough my husband couldn't eat the biscuits I made with it."

Philandering Wife (to salesman hubby): "Darling, I always worry when you're away from me."

Hubby: "But, angel, I'll be back before you know it."

Wife: "That's what worries me."

★  
Sue: "What's the age limit for sailors?"

Liz: "A sailor at any age is the limit, dearie."

★  
A sorrowing widow, having a memorial erected in memory of her late husband, had the following inscription carved on it: "Good-bye, Henry, my light has gone out."

Three months later, when she remarried, some wit added to the inscription: "But I have struck another match."

★  
Heard in the shower room of the Los Angeles Country Club after golf —

Singing voice from one shower stall: "Home, Home on the Range."

Voice from adjoining shower stall: "Aw, shut up!! Who the hell do you think you are, John Charles Thomas?"

Singing voice: "Yes!!"

And it was. (Submitted by Doctor R. R. Hewling, Beverly Hills.)



**"MY PET PATIENT"** writes Dr. P. R. M., "is Gertie the Giggler. Even the simplest dental examination gives Gertie the jitters, and when I start working she goes off into a fit of giggles, while I wait, instrument in hand.

"When not relieving her nervous tension, however, Gertie is as bright as a dollar. When I told her that only one dentifrice contains sodium ricinoleate to peptize adherent mucin and make it more readily removable with a brush, she said,

"Oh, I know — that's Detoxol! Tee-hee-hee-hee-hee-hee-hee!"



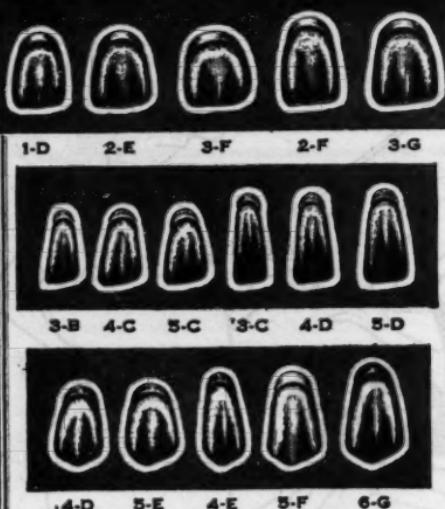
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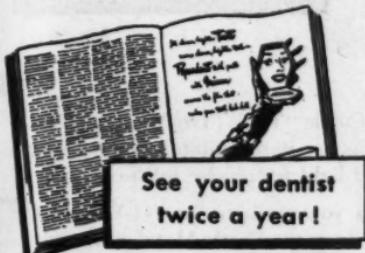
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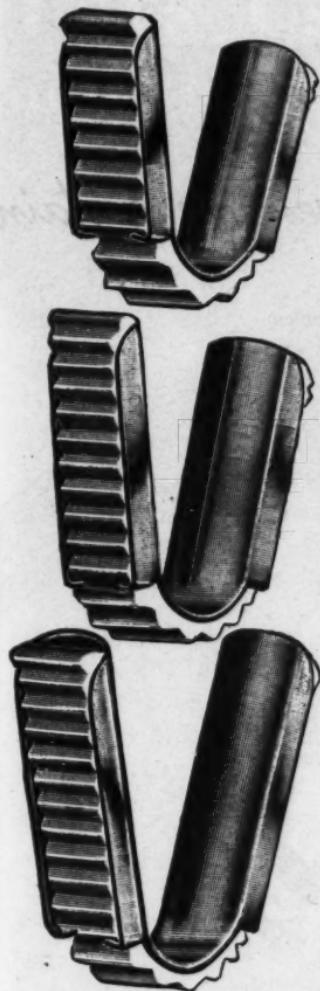
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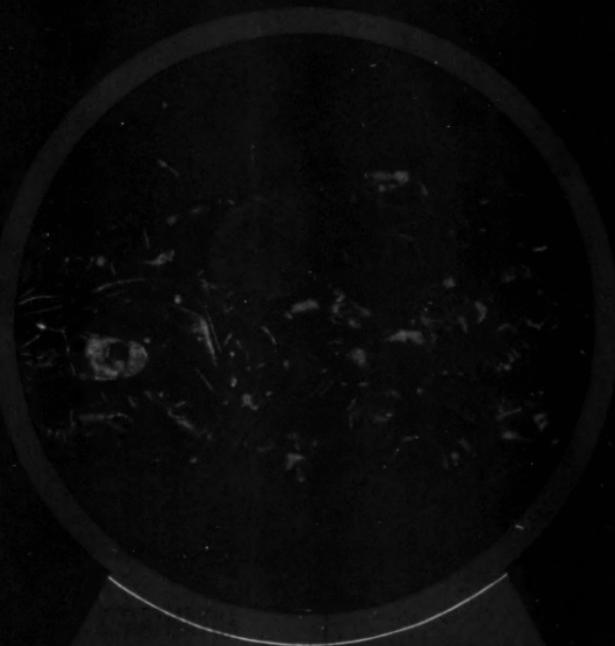
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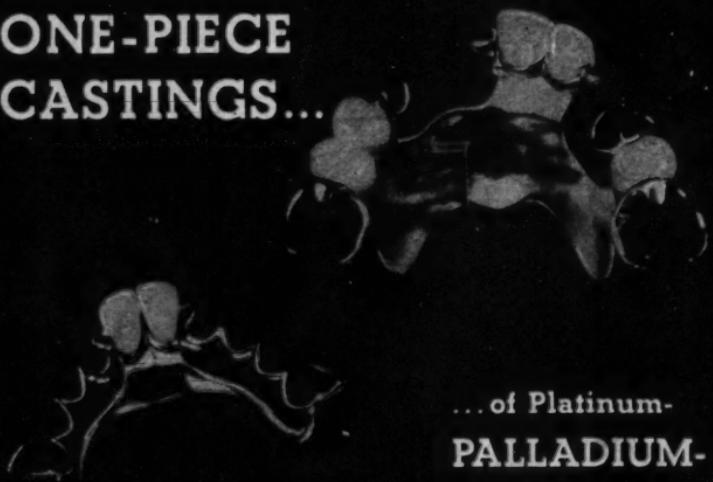
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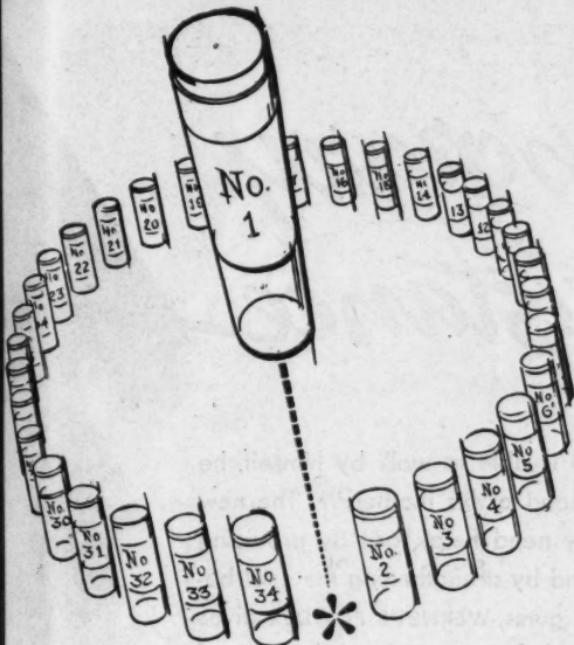
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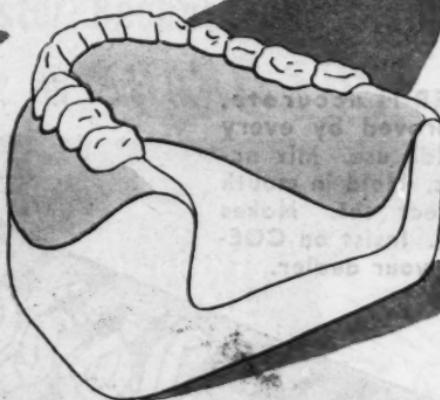
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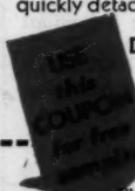
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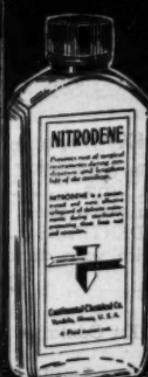
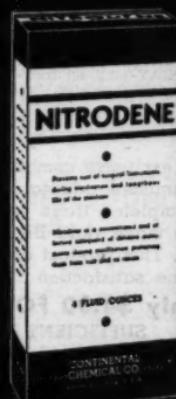
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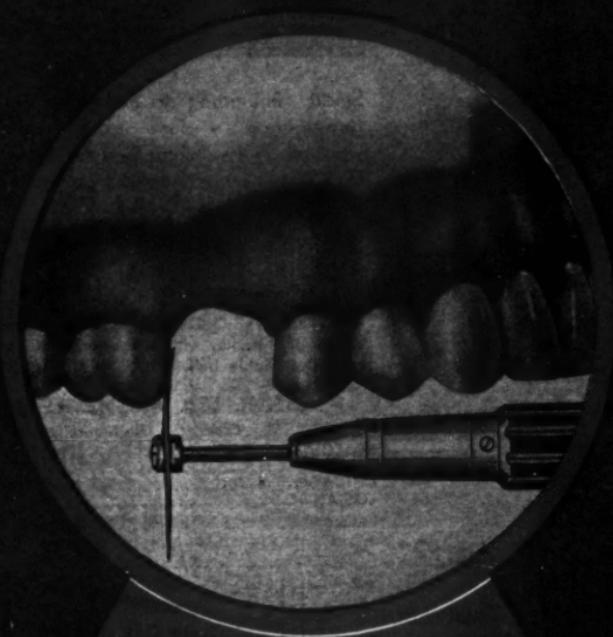
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Smart, fine-fitting • Add to the "professional" appearance. • Fine quality makes for long wear • Fully guaranteed • Free delivery in U. S. if full payment accompanies order.

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DESENSITO is an obtundant for hypersensitive enamel and dentin. It is a new type of desensitizer that effectively desensitizes gingival areas which are painful when stimulated by sweets, heat or cold, or by the toothbrush. Will not stain the teeth or irritate the gingival tissue. Treatments last from 3 months to a year.

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**NEW DEVELOPMENT  
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**Permits current to flow THROUGH  
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**Eliminates guesswork.  
Cuts time in half.**

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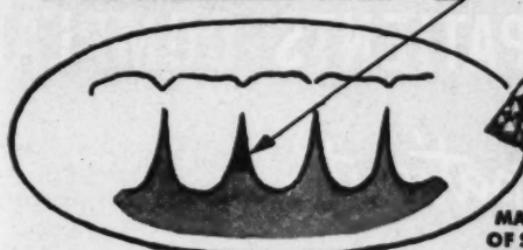
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**R**ECOMMENDATION OF POLIDENT to your patients insures you a *minimum* of complaints of gum irritation and improper fit—so often caused by cleansing with brush and abrasive powders . . . and a *maximum* of denture life, good appearance and cleanliness. • POLIDENT is safe and easy to use . . . and easy for you to explain to your patients how to use in the safe care of their dentures and bridges. For free professional samples, write to

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Approved for use by leading manufacturers of acrylic denture material.

10-15 minutes in solution

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1 glass water to a capful of POLIDENT

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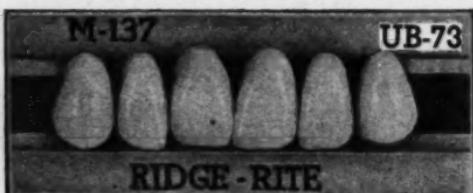
Hold under running water to rinse—  
THAT'S ALL

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DENTURES KEEP *fit* WITH POLIDENT

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1 x 6 Anteriors — \$1.80 set

14 Upper Molds

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RIDGE-RITE Acrylic Teeth embody distinctive features not to be found in any other teeth of this type. They have the necessary strength, density and hardness for service. Being acrylic, they absorb shocks of mastication and do not abrade natural teeth. Beautifully translucent at the occlusal. Available in popular molds, sizes and shades. If your dealer cannot supply them, write us.

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*Fleck's Zinc and Red Copper cements are absolutely impenetrable!* That is one reason why it has been used so successfully and by more dentists than any other cementing medium. Proof of impenetrability is easily demonstrated in the following test.

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### ACCURACY

Stone or Plaster models poured into Lang Elastic Impressions are clean cut, showing every fine detail, and ACCURATE. As many models may be poured into same impression as desired, WITHOUT CHANGE IN IMPRESSION.

### WORKING TIME

Lots of working time is available for correct mixing, packing into tray, and transferring to patient's mouth.

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Lang Elastic Impressions have an elastic stretch equal to 25% of length, and high degree of toughness, to eliminate danger of cracks or tears when removed from deep undercuts.

### ECONOMY

There are 18 FULL UNITS in a box. The powder is measured, not weighed. There are 60 cubic centimeters of powder in each unit; mixed with 50 ccs of water. This volume is sufficient to pack large upper trays, for full mouth impressions.

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sort and select only those that can be reground to meet our exacting specifications, then we regrind to a smaller size (Example No. 33½ Inverted cone is reduced to No. 33). The same system is used on your burs as we used in regrinding burs for the U. S. Navy. So for smooth, fast cutting burs, Mail yours today. \$3.50 Per Gross (Introductory 4 doz. \$1.00).

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(TWO FORMULAS)

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Which is a very difficult condition to overcome. It takes time to produce it, due to gradual absorption and according to susceptibility to novocain. It also takes time to remedy and then prevent it. Directions must be conscientiously followed.

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Doctor, if you are a progressive member of the profession, enthusiastic about diamond instruments and eager for new techniques involving their use, write Diamond "R" Agencies.

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**GENERAL  ELECTRIC  
X-RAY CORPORATION**



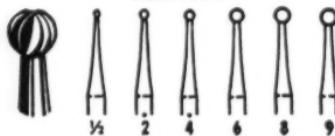
**\$6.00**

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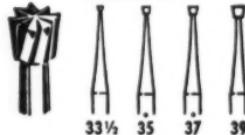


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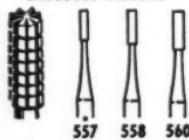
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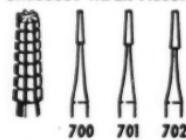
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The self-centering, positive-seating principle of the Densco handpiece is given utmost effectiveness by the true-running, feather-touch cutting action of Densco Cutwell Burs.



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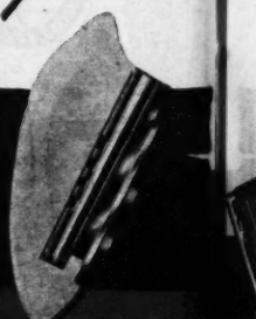


\*Unretouched photo shows patient with Steele's P.B.E. facings replacing upper centrals and lower

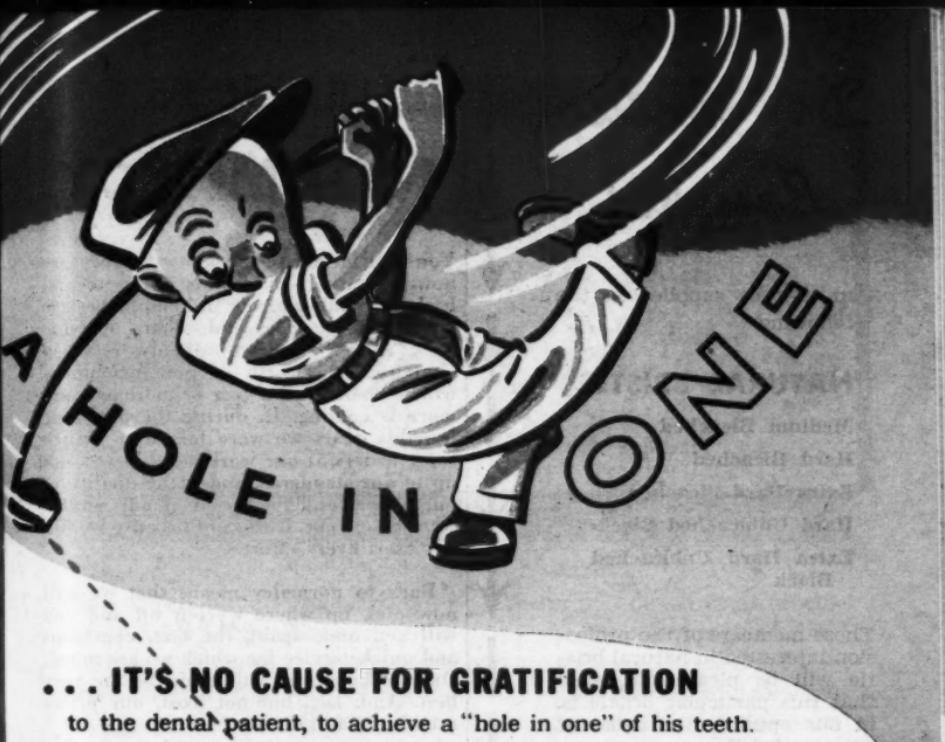
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Use Steele's P.B.E. (Porcelain Biting Edge) facings for best esthetics — and always with Steele's P.B.E. backings.



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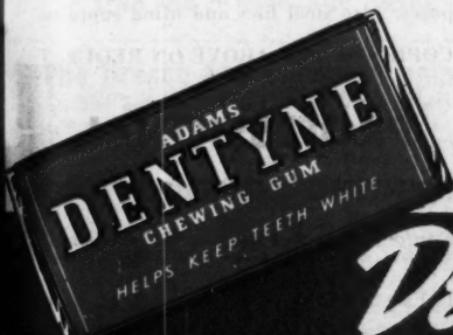
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to the dental patient, to achieve a "hole in one" of his teeth. Yet, "achieve" it, he unwittingly does!

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THE IDEAL MASTICATOR



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## NATURAL BRISTLE

- Medium Bleached
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- Hard Unbleached Black
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Those members of the profession interested in natural bristle will be pleased to learn that this particular bristle is, in our opinion, the equal of pre-war bristle.

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## MAKE YOUR OWN COMPARISON

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I enclose 40c for two brushes. Send me

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<input type="checkbox"/> Extra Hard Bleached	<input type="checkbox"/> Extra Hard Bleached
<input type="checkbox"/> Hard Unbleached Black	
<input type="checkbox"/> Extra Hard Unbleached Black	

Dr. ....

Address ....

City & State ....

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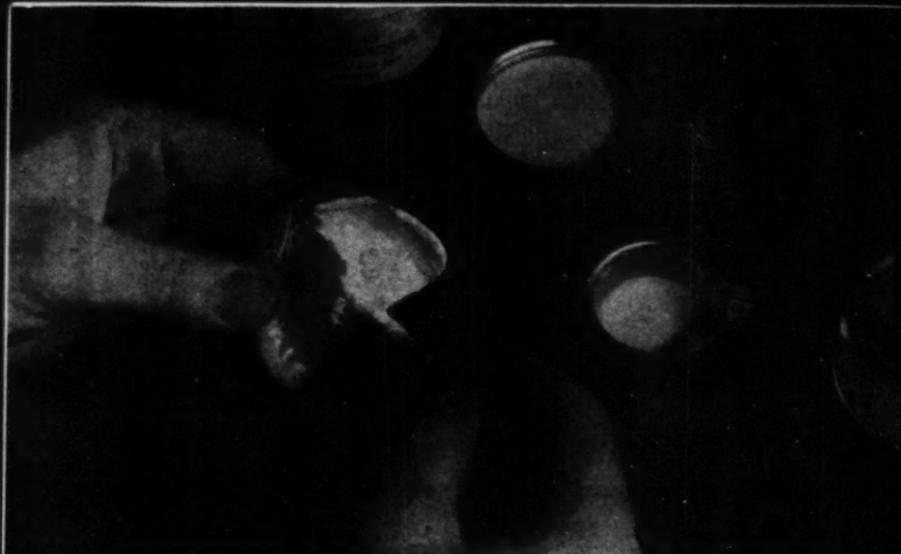
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Definitely and in degree it points out areas causing sore spots; locates muscle interference that makes dentures unstable; indicates imperfect occlusion; measures denture shrinkage and makes clear proper seating of saddles, lingual bars and other restorations.

Brush it on, seat for test, wipe clean in two seconds.

Tasteless and harmless to mouth tissue, Kerr Denture-Sortec is commended to you as the most positive method we know for locating and measuring overextensions and pressure areas, and correcting them without impairing denture seal.

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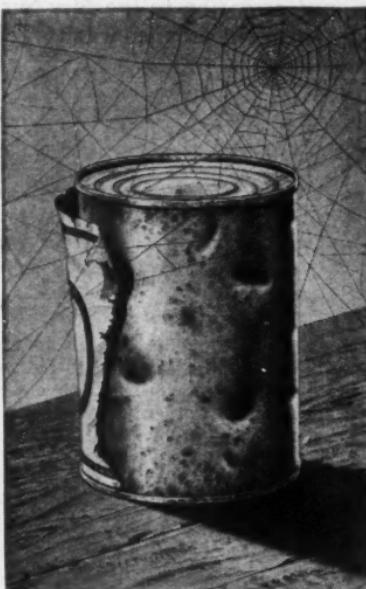
\*To the formula of Dr. G. P. Brenner

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THE PRESENCE of rust on a can is looked upon by many today as a sign that the food it contains is contaminated. This, of course, is not true—unless the rust has eaten through the metal.

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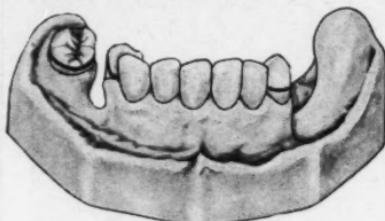
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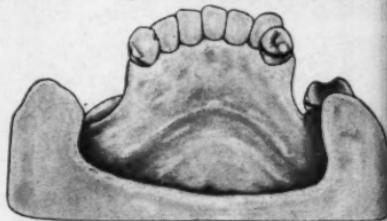
The problem presented by this mouth was unusual in that the abutment teeth were especially difficult to clasp. The left cupid is peg-shaped, the right first bicuspid leans abnormally toward the linguodistal, the right molar stands straight in the arch buccolingually with an unusual mesial tilt. Designed according to the Ney Surveyor System, the problem was worked

out very successfully. The completed design in gold has the all-important elements of bracing, support and retention which are so necessary if the case is to function correctly and comfortably. The NEY-ORO G-3 casting is strong and light, weighing less than 6 dwt. as shown here, without allowance for sprues and grindings. (In PALINEY #4, white gold, the same casting would weigh 25% less).



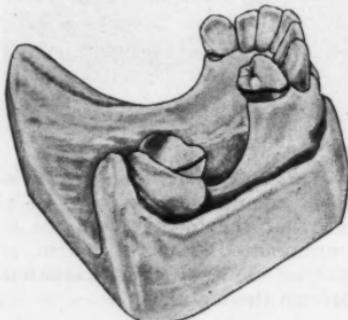
*Mesial view:*

The survey line on the left cupid defines an undercut which is ideal to receive the flexible tips of the back-action clasp. Note the absence of any mesiobuccal undercut on the right bicuspid.



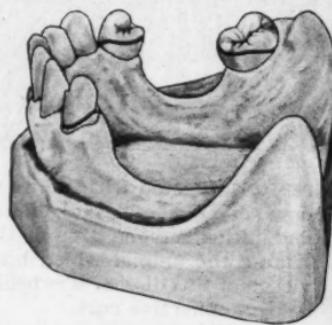
*Distal view:*

A major advantage and characteristic of the back-action clasp is that it is designed to enter the distal undercut below the survey line and, in so doing, hold the saddle securely against the ridge.



*Right buccal view:*

Note the rest preparations on the cupid and bicuspid; also the exaggerated mesial tilt of the molar with its #2 survey line.



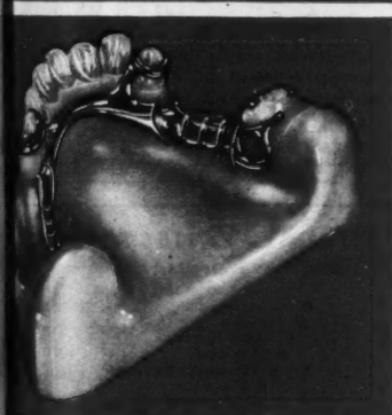
*Left buccal view:*

Even though the molar abutment were extracted, the correctly designed and constructed back-action clasps on the anterior abutments would permit the case to function perfectly.

\* Number Fourteen of a Series

PUBLISHED

T A



Where it can be used, the back-action clasp engaging a distal undercut is ideal for holding a free-end saddle securely against the ridge, and it *will* work on a peg-shaped abutment such as this left cuspid. Two occlusal rest seats were prepared, — a slice preparation with square floor at the distolinguinal angle, and the other to accommodate a mesio incisal hook. Provided there is sufficient thickness of tooth enamel, the distolinguinal slice is an especially good rest preparation because of the support it gives and because it does not show gold:

A back-action clasp was also indicated for the right first bicuspid. Although there is no mesiobuccal undercut, retention is obtained because on the distal there is an undercut in relation to the other clasped teeth. The molar abutment, standing vertically in the arch buccolingually but with a pronounced mesial tilt, called for a divided-arm or #2 clasp.

Truss arms and rigid portions of the clasps supply bracing. Support is derived from the occlusal rest seats on all abutments, the tissue-bearing saddles and the entire lingual section of the back-action clasp on the bicuspid. Because of the abnormal linguodistal tilt of this abutment, the rigid lingual portion of the clasp was carried over the lingual cusp and acts as an occlusal rest. Retention is supplied by the mesial tips of the molar clasp arms, the distal and buccal portions of the cuspid clasp, and the distal of the bicuspid clasp.

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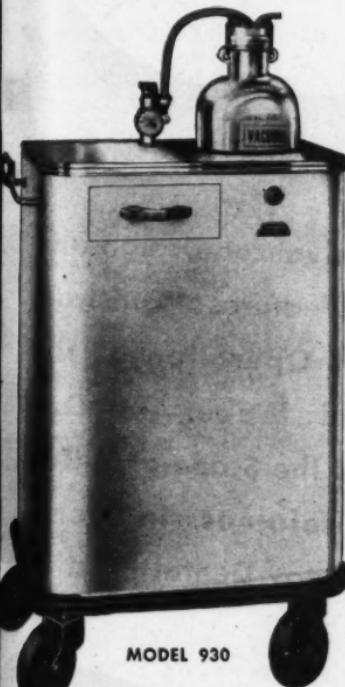
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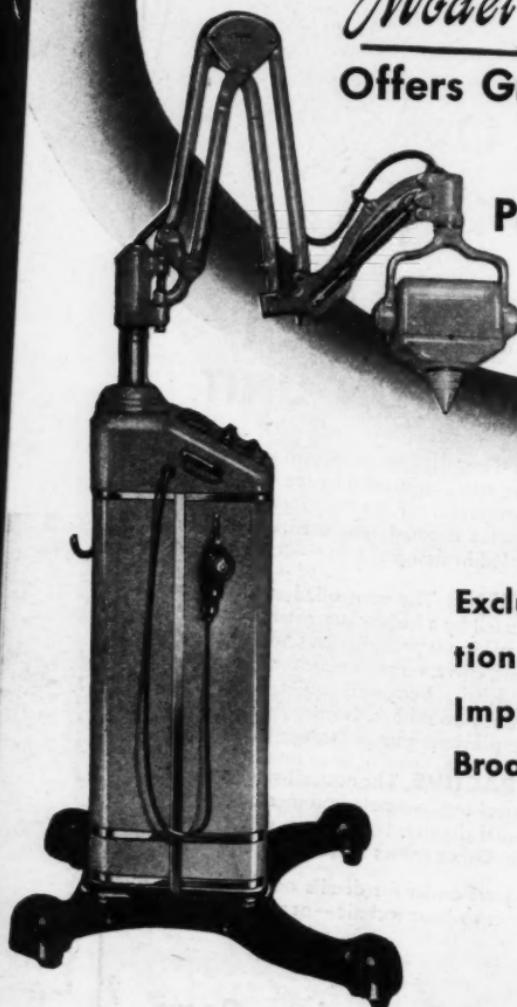
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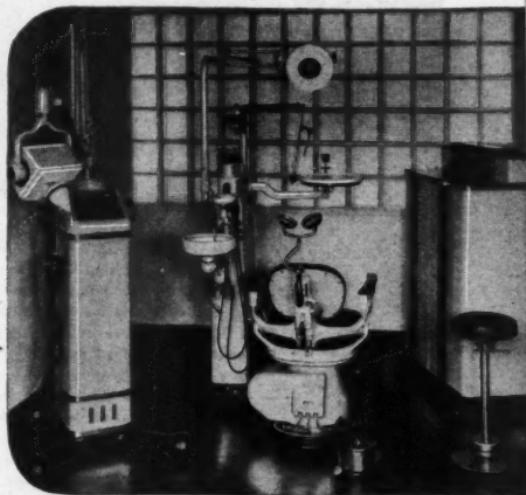
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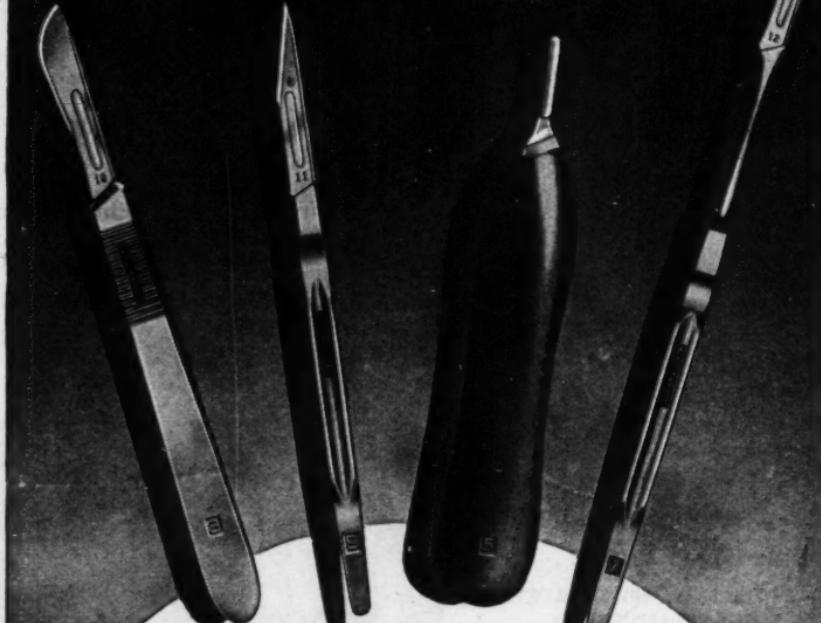
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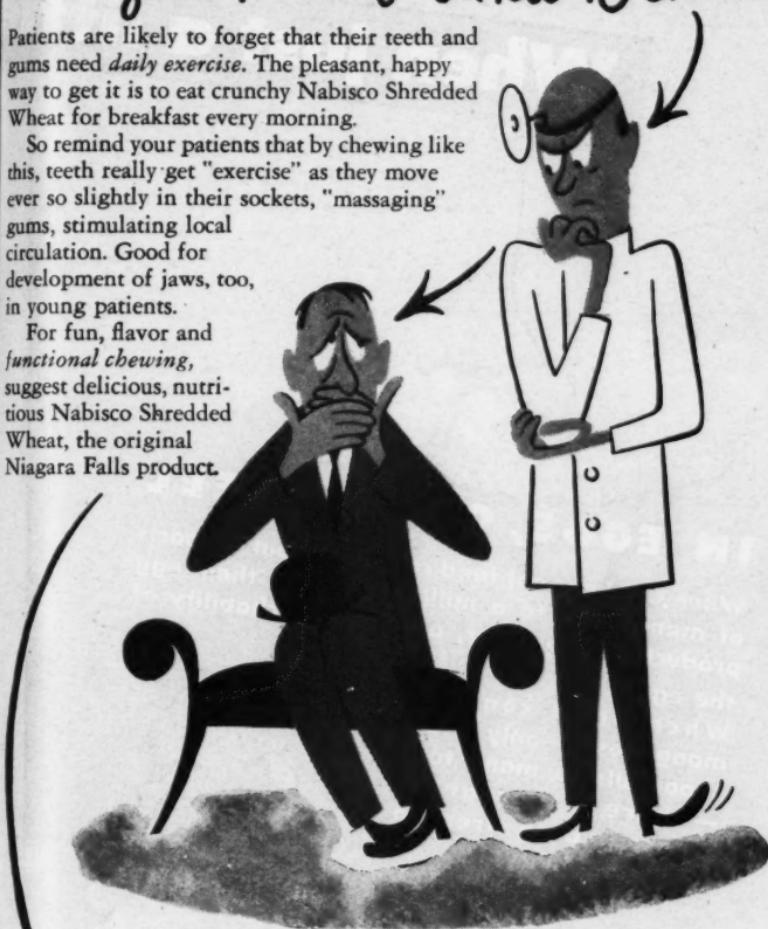
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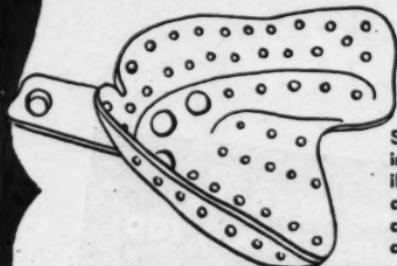
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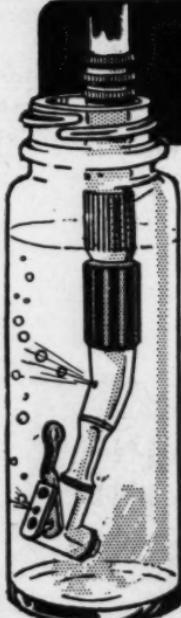
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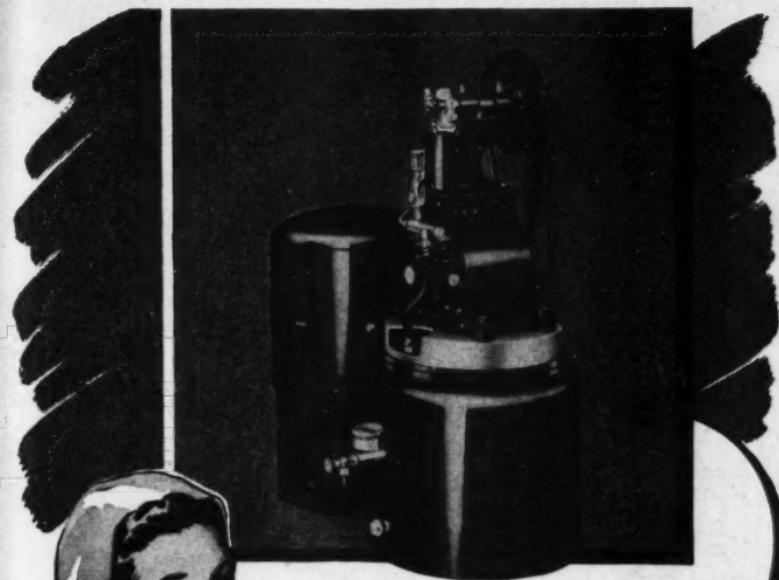
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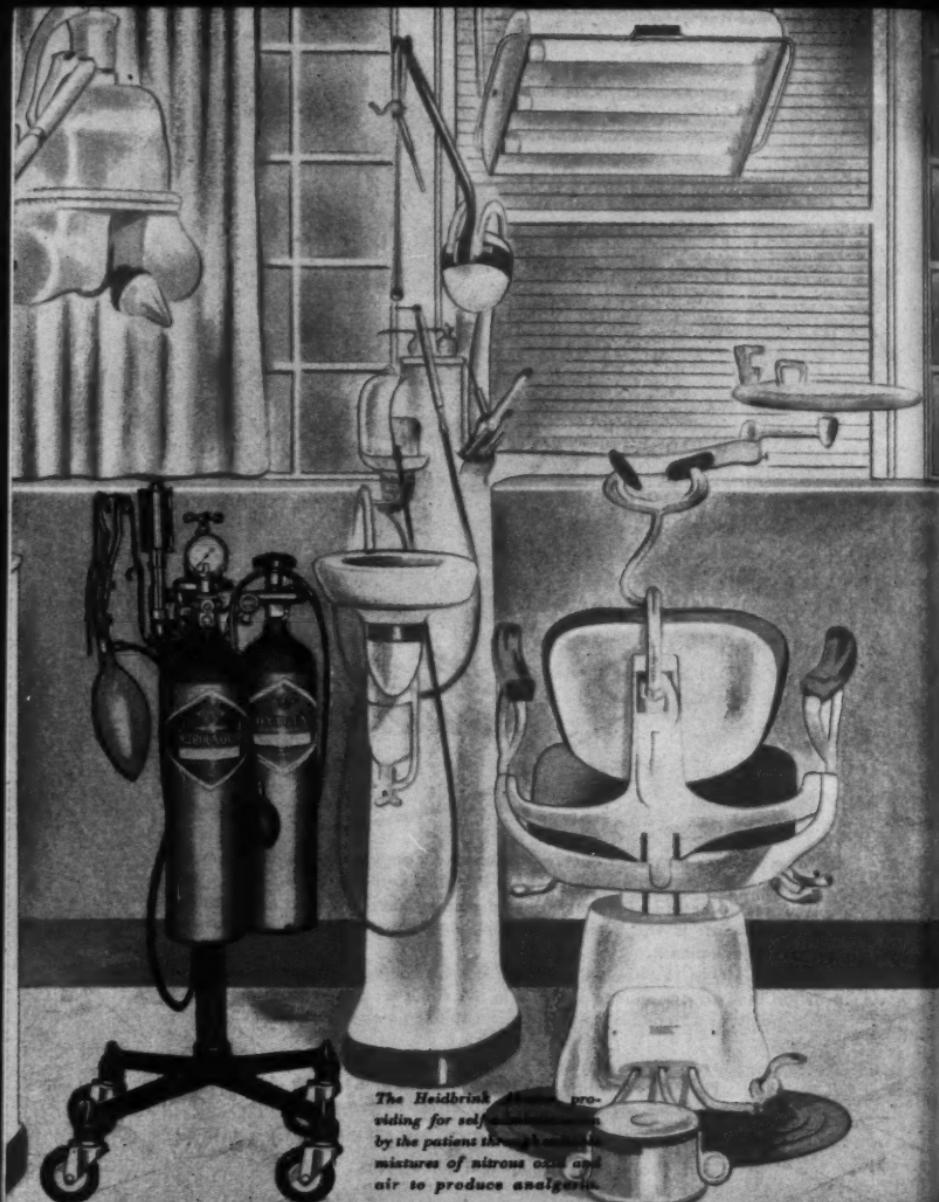
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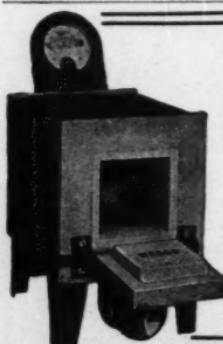
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- Gingivitis, bacterial
- Mandibular infections
- Periodontoclasia simplex
- Post extraction infections
- Pulpitis
- Stomatitis, bacterial
- Stomatitis, fusospirochetal
- Osteomyelitis of jaw
- Wounds, traumatic



\*According to recent investigators it would appear that penicillin may prove of therapeutic value in the above oral diseases.

**BRISTOL PENICILLIN**, because of its low toxicity and freedom from pyrogens, its absolute sterility and standard potency, provides dependable therapeutic action.

**BRISTOL**  
LABORATORIES  
INCORPORATED

*Formerly Cheplin Laboratories Inc.*

**SYRACUSE 1, NEW YORK**

# The team that

FOR  
ANTERIOR  
WORK

LEE SMITH

## *Certified Enamel* IMPROVED

THE SHADE YOU SELECT IS THE SHADE YOU GET

The color-matching properties of Certified Enamel Improved have been developed to such a high degree of perfection that you can quickly match any natural tooth.



With the use of the Perfect Circle Blending Guide, you select the exact shade needed, and the shade you *select* is the shade you *get*. You merely use the prepared shade indicated or blend the shade yourself according to the simple formula indicated on the metal tab of the Blending Guide tooth you have selected.

Because red is the true hue of all natural teeth, red has also been used as the basic pigment of all Certified Enamel shades.

This is the reason Certified Enamel restorations blend so beautifully with the surrounding tooth structure in the patient's mouth.

With your first use of Certified Enamel Improved you will begin to enjoy your silicate work. Why not phone your dealer now?

**CERTIFIED ENAMEL**  
*Improved.*



can't be beat

LEE SMITH



# POSTREX

EXCELLENT FOR CEMENTING ACRYLIC JACKET CROWNS

For posterior work, Lee Smith offers you Postrex, a silicate filling material with unusual compressive strength and low disintegration.

Due to its intense adhesive properties, its translucency, and its natural shading qualities, Postrex provides the perfect cementing medium for acrylic jacket crowns. It sets promptly (4½ minutes from beginning of mix) and holds securely.

Use Postrex for every type of posterior restorative operation where a silicate filling material is indicated. Postrex is available in seven lifelike shades, an adequate range for the matching of all posterior teeth.

Get an initial order of this superior product at your earliest opportunity. Its advantages will be obvious to you immediately. The economical way to order Postrex is to ask for the 4-2 Package, containing 4 Powders and 2 Liquids, a \$10.00 Value for \$8.25.



# LEE SMITH

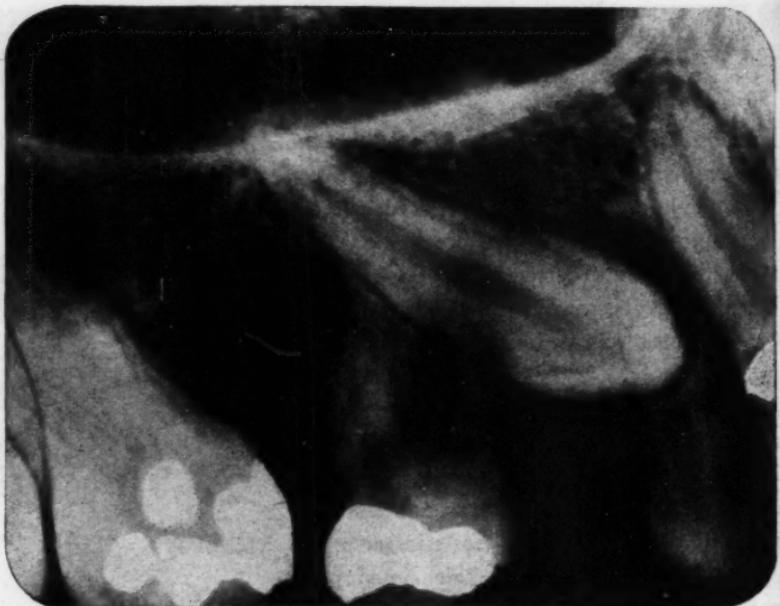
LEE S. SMITH & SON MANUFACTURING COMPANY

**Certified Dental Products Since 1866**

PITTSBURGH 8, PENNA.

# RINN

## X-RAY PRODUCTS



### For Fine Detail . . . It's RINN!

Here are several fine X-Ray Films. No matter which you choose, Fast or Medium . . . Rinn Films afford the ultimate in "diagnostic detail." Their amazingly broad range of gray tones helps you see ALL the conditions. Avoid doubt and retakes. Try Rinn Film at the next opportunity. Rinn Reliability is the result of 23 years' concentration on ONE line.

**RINN X-RAY PRODUCTS**

3035 Fullerton Ave.

Chicago 47

relaxation  
means  
cooperation

The fear manifested by your apprehensive patients only complicates and prolongs dental procedure. But you may allay that fear and secure relaxation and cooperation, in the majority of instances, by the administration of 'Delvinal' sodium vinbarbital. This efficient sedative will enhance dental procedure by tending to inhibit psychic gagging and other nervous manifestations. 'Delvinal' sodium vinbarbital is relatively free from unpleasant side-effects such as excitation or "hangover." It may be used safely to facilitate induction of gas-oxygen anesthesia and to prepare the patient for surgery. Supplied in 1½ gr., 1⅓ gr. and 3 gr. capsules. Sharp & Dohme, Philadelphia 1, Pa.

**'DELVINAL'**  
SODIUM VINBARBITAL

**& SHARP  
DOHME**

# VIBROFLEX

## FLEXIBLE COTTON

Now available in increased quantities for general use by civilian dentists.

The U. S. Navy Dentists used practically our entire absorbent roll capacity during the war under the name of Jones Dental Absorbent Roll.

Vibroflex is a cotton roll so flexible that a single long piece can be used for operating on lowers. (See illustration)

Saliva travels the length of this long reservoir. The one piece lasts as long as numerous short pieces, lessening the chance of infection through re-usage.

### SAVES TIME!

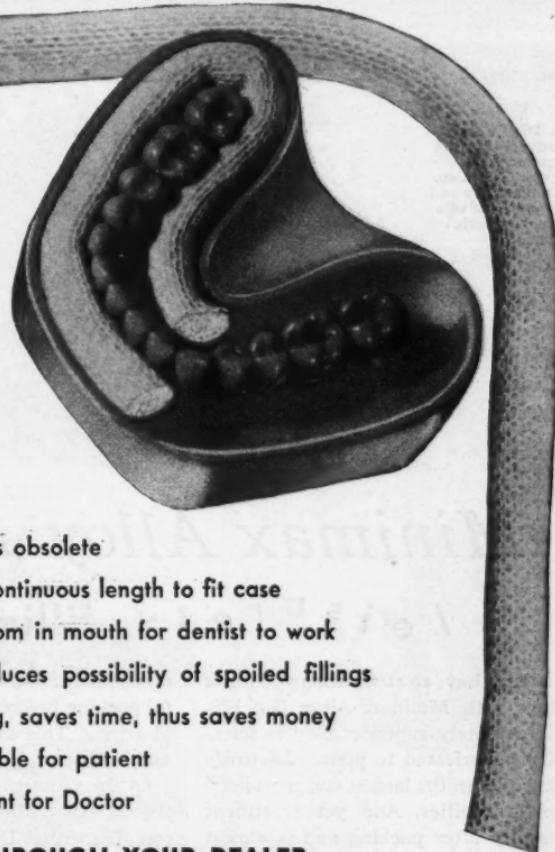
**Every bag, after packaging,  
is steamed at  
250° F. for 30 minutes.**

Pull the roll from the bag and cut to size, as needed. The unused portion remains in bag protection from possible infection through handling.

VIBRO DENTAL PRODUCTS, INC. • PHILADELPHIA 7, PA.

Illustration shows  
the proper use of  
VIBROFLEX for  
lowers.

OLL



- Makes stiff rolls obsolete
- Use one soft continuous length to fit case
- Gives more room in mouth for dentist to work
- One piece reduces possibility of spoiled fillings
- Saves changing, saves time, thus saves money
- More comfortable for patient
- More convenient for Doctor

#### ORDER THROUGH YOUR DEALER

6 Bags (1080 inches) . . . . . \$1.95

*Mall this Coupon for Sample*

If your dealer cannot supply you, send coupon with 10c in coin or stamps [to cover partial cost of mailing], and you will receive a generous sample package.

VIBRO-DENTAL PRODUCTS, Inc.  
214 S. TWELFTH ST., PHILA. 7, PA.

Dr. \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dealer \_\_\_\_\_



## The facts about Minimax Alloy

No. 26 of a series of advertisements prepared to acquaint Dentists with the whys and wherefores of this extremely useful material.



# Minimax Alloy permits / e i s u r e l y fillings

You don't have to *rush* when you make fillings with Minimax Alloy No. 178. This definitely superior alloy is scientifically fabricated to permit *leisurely* filling of even the largest and most inaccessible cavities. And yet it stiffens promptly after packing and is almost immediately susceptible to carving — thus saving many precious minutes of your chair time.

Minimax Alloy amalgamates pleasantly. It works up nicely into a plastic

mass, and allows enough time for careful packing before it loses this workable plasticity. This assures ample time for making better, longer lasting fillings.

Of the utmost importance to you is the fact that Minimax Alloy not only complies with A.D.A. Specifications under controlled laboratory tests, but does so when you make the fillings with your preferred office technic. For the best results, use Minimax Alloy No. 178 and take your time.



### The MINIMAX Co.

Medical and Dental Arts Bldg., Chicago 1, Ill.

#### In 5 oz. BOTTLES

5 ozs. . . \$1.70 per oz.  
10 ozs. . . 1.60 per oz.  
20 ozs. . . 1.55 per oz.

#### In 1 oz. BOTTLES

1 oz. . . \$1.80  
5 ozs. . . 1.75 per oz.  
10 ozs. . . 1.65 per oz.

*Prices subject to change without notice*

Complies with A.D.A. Specifications. No. 1  
Filings suitable for alloy-mercury gauges.

*For best results mortars and pestles should be occasionally resurfaced. Over long periods, they wear smooth . . . become inefficient. As a convenience Minimax provides FREE with every bottle a handy envelope of Abrasive Resurfacing Powder.*

# A GOOD STOPPING



## Crescent Stopping

4 OZ.  
GLASS JAR  
\$1.



- MADE OF BEST GUTTA PERCHA
- IS NOT MEDICATED
- WILL NOT IRRITATE TISSUE
- LEAVES NO TASTE IN MOUTH

**Crescent DENTAL MFG. CO.**

1839 S. Pulaski Rd., Chicago 23, Ill.



Sparkling Smart  
STREET-FROCK STYLING  
in a new  
**HOOVER  
UNIFORM**

Charm, smartness and originality feature this very youthful princess style Hoover Uniform. Clever pointed set-on belt gives that slimming "nipped-in" waistline effect. Stunning notched convertible collar, squared shoulders, snow-white buttons and two pockets on the flared skirt. White Sunnendale broadcloth in coat style. Sizes 12 to 42.

STYLE **No. 414 \$398 EACH**

**HOOVER UNIFORMS**  
251 W. 19th St., Dept. OH-4 • New York 11, N. Y.

Hoover Uniforms, Dept. OH-4

251 W. 19th St., New York 11, N. Y.

Please send me \_\_\_\_\_ Style No. 414 Hoover Uniforms, Sizes \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City and Zone \_\_\_\_\_

State \_\_\_\_\_



The Sanette Dental Waste Receiver sets off the office, reception room and operating room with an interesting touch of modern professional styling. So beautifully designed, your patients will be sure to notice it . . . and approve of your good taste. Order Model T30 today in your choice of the popular dental finishes (25" high, 9" square).

**MASTER METAL PRODUCTS, Inc.**  
291 Chicago Street Buffalo 4, N. Y.

# WEBS for Efficiency



## CRESCENT WEBBED Polishers

This efficient polishing cup has webs that provide a far greater working surface. They retain the abrasive at high speeds, prevent splashing, consequently do a better job while saving time. Smooth and gentle in operation. Made to fit your hand-piece. They are available NOW through your dealer or direct.

**Crescent DENTAL MFG. CO.**

1839 S. Pulaski Road  
Chicago 23, Illinois

THE *Safest* NEEDLE EVER MADE

### MIZZY CONICAL NEEDLES

- Pin point puncture
- Tapered for easy penetration
- Flexible. Strong.

NEW!

IMPORTANT!

1" - 28 gauge  
Cartridge Needle

Write for Literature

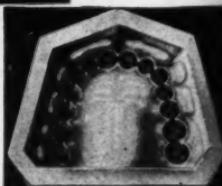
**MIZZY INC.**

304 E. 23 St. New York 10

MAKE  
Demonstration  
MODELS  
from  
SURPLUS  
PLASTER



with  
**COLUMBIA  
RUBBER  
DENTOFORM  
MOLDS**



*Better than sketches to explain cases to patients*  
Instead of wasting surplus plaster pour it into the Mold. If not enough, add the next excess mix, first wetting the set plaster.

To make Models with Ivorine abutments, insert Ivorine Teeth into Mold before pouring.

*Sets of Upper and Lower Molds Now Available*

No. R20—A set without 3rd molars .....	\$5.00
No. R22—A set with 3rd molars .....	\$5.00
No. R24—A set for deciduous models .....	\$5.00
Ivorine Teeth, each .....	5¢

**COLUMBIA DENTOFORM CORP.**

Send for 16-page Illustrated Price List.  
131 East 23rd Street New York 10, N. Y.



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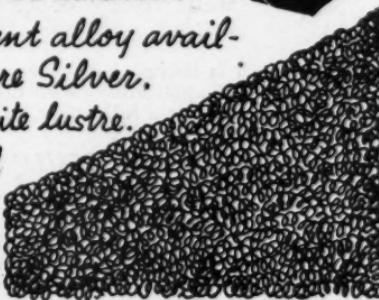
REG. U.S. PAT. OFF.

HIGHEST practical silver content alloy available to dentists, **74½%** Pure Silver.

- Always keeps its silvery-white lustre.
- Conforms to Federal and A.D.A. Specifications.

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1839 S. Pulaski Rd., Chicago 23, Ill.



## "The Foster" VIBRATOR

Heavy enough for the lab.  
Light enough for the Dr.

- 1.—Controlled Vibration; 3 speeds
- 2.—Soft Cushioned, Will Not Jump
- 3.—Chrome Plated, Heavy Duty
- 4.—Water Proof Coil, Heavy Switch
- 5.—A Fixture For Your Office

**Price \$19.75**



## RAY FOSTER Dental Supplies

510 South Alandale

LOS ANGELES 36, CALIF.

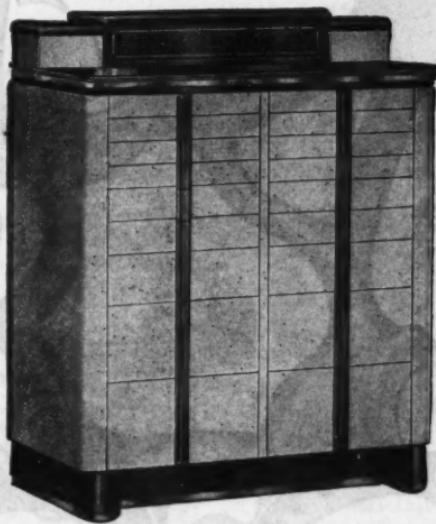


- **Doctor . . .** Here are three essential products with a record of proved performance . . . well worthy of "*The Hallmark of Reliability.*"
- Each is backed by a guarantee which invites your use on several applications with the privilege of returning unused portion for a full credit refund of original purchase price.
- **Surgical Dressing . . .** A scientific preparation with antiseptic and sedative properties for versatile use in all operations involving pain or annoyance to the patient. Especially effective to block post-operative pain and infection following teeth extraction; hastens tissue repair; painless instrumentation in scaling teeth; excellent as a pre-hypodermic injection treatment; eases tissue abrasion from dentures. . . . \$1.00 per Tube.
- **Modeling Compound . . .** (Red or Black). By scientific test and use in general practice, this Compound meets all professional requirements for tensile strength, flow, and controlled shrinkage through the working range. It is low fusing, yet hard; not sticky, yet tough. Its special qualities make it adaptable for all types of impressions where Modeling Compound, Special Impression Compound, or Tray Compound is indicated. Packed 8 cakes or 15 sticks per box. (1/2 lb. net).
 

1 Box, 60c.	6 Boxes, \$3.30	12 Boxes, \$5.60	20 Boxes, \$9.25
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- **Truplastic . . .** The ideal impression material for FULL DENTURE impressions and far superior when used as a "wash" for perfecting compound impressions. Mixes and handles as easy as plaster. Its cohesive quality is definite for more accurate and detailed muscle trimming of the periphery. Pleasant to taste and faster setting . . . invaluable to "gagging" patients. Furnished with measuring cups.
 

1 lb. Can, \$1.50	3 lb. Can, \$3.75
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- **Dental Products Co., Chicago 19, U. S. A.**  
**7512 Greenwood Ave.**
  - **Now Under Management of William Getz**

# COMPARE YOUR CABINET



WITH THIS AMERICAN NO. 141-A . . .

DOES IT  
HAVE  
?

- A stainless, unbreakable, grooved working surface?
- Concealed bottle rack with 16 bottles?
- Handy end boxes for small parts storage?
- 18 noiseless, non-sticking drawers?
- Each drawer sealed against dust?
- 32 interchangeable glass trays?

The No. 141-A has all these features and more. See it at your dealer today.

OH-4-46

Please send your latest catalog.

Name. . . . .

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City. . . . . Zone. . . . . State. . . . .



\*Div. of Hamilton Mfg. Co.



The Stern "GOLD SELECTOR" completely simplifies your task of selecting the exact gold most suitable for any operative or prosthetic procedure. Included are two series—STANDARD and SPECIAL—comprising eight golds, which, in physical properties and precious metal content, meet the demands of both function and cost for every restorative problem.

## GOLD SELECTOR

### STERN STANDARD SERIES

STERN

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SOFT INLAY  
CASTING GOLD

STERN

1

MEDIUM INLAY  
CASTING GOLD

STERN

2

HARD INLAY  
CASTING GOLD

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3

PARTIAL DENTURE  
CASTING GOLD

STERN

10

MEDIUM INLAY  
CASTING GOLD

STERN

20

HARD INLAY  
CASTING GOLD

STERN

30

PARTIAL DENTURE  
CASTING GOLD

STERN

SPECIAL WHITE

PARTIAL DENTURE  
CASTING GOLD

### STERN SPECIAL SERIES

FROM THE WORKROOMS

# One-Piece CASTINGS

Excellent castability — flows freely in the molten state to every minute detail of the mold. Superb physical properties in the finished casting. Tough, dense castings, free from pits and porosity. Pleasing gold color. \$2.00 per dwt.



For all one-piece and sectional castings; lingual and palatal bars; also inlays subject to heavy stress, \$2.00 per dwt.

## PHYSICAL PROPERTIES

ELONGATION: Soft 20%, Hard 4%

FUSING RANGE: 1610° F to 1720° F

PROPORTIONAL LIMIT:

Soft 39,500, Hard 72,000

BRINELL HARDNESS:

Soft 150, Hard 225

ULTIMATE TENSILE STRENGTH:

Soft 65,000, Hard 103,000

**STERN  
GOLDS**

ESTABLISHED 1897

**L. STERN & CO., INC.**  
**333 Spring Street**  
**New York 13, N.Y.**

# FROM TEAMWORK COMES



## Standardlite Dentures

### Made of VITALON

You, Doctor, write the prescriptions for dentures. You specify that the ideal denture have greater toughness and more strength, yet be light in weight and with a new thinness of the buccal and labial flanges.

Standardlite dentures are made to this prescription—for greater denture comfort and patient satisfaction. They are made of Vitalon, a blend of resins selected to secure ideal denture base qualities.

Our years of teamwork with the profession have enabled us to ar-

rive at this new standard of denture construction. We know your patients will like the new standard because there is less material in the mouth—and less weight—and therefore less denture annoyance.

Yet with this new lightness and thinness, all underlying framework or retention is masked. A new degree of translucency and lifelike color mark Standardlite dentures made of Vitalon. This means mental as well as physical comfort for your patients.



\*Trade Mark  
Reg. U. S. Pat. Off.

## STANDARD DENTAL LABORATORIES

225 N. Wabash Avenue

DEarborn 6721

Chicago 1, Ill.

# Used routinely at the chair . . . prescribed routinely for patients



ORIGINATED by a dentist, Astring-O-Sol is being used routinely at the chair by more and more of the profession.

Its stimulating astringent effects are long-lasting and its bracing, refreshing flavor assures complete patient cooperation.

Astring-O-Sol comes highly concentrated—at full strength it is germicidal . . . useful for minor surface cuts.

Astring-O-Sol is economical to use—a dash in a glass of water is all it requires to make a cleansing, stimulating mouth wash with a refreshing flavor.

Samples are available to the profession upon request.

## ASTRING-O-SOL EFFECTIVE MOUTH WASH

Frederick Stearns & Company, Division  
Detroit, Michigan



*Local* RELIEF

*Local* PAIN

**PREOPERATIVELY**



**POSTOPERATIVELY**



**POLORIS**

**CAPSICUM - BENZOCAINE**

**DENTAL COUNTERIRRITANT**

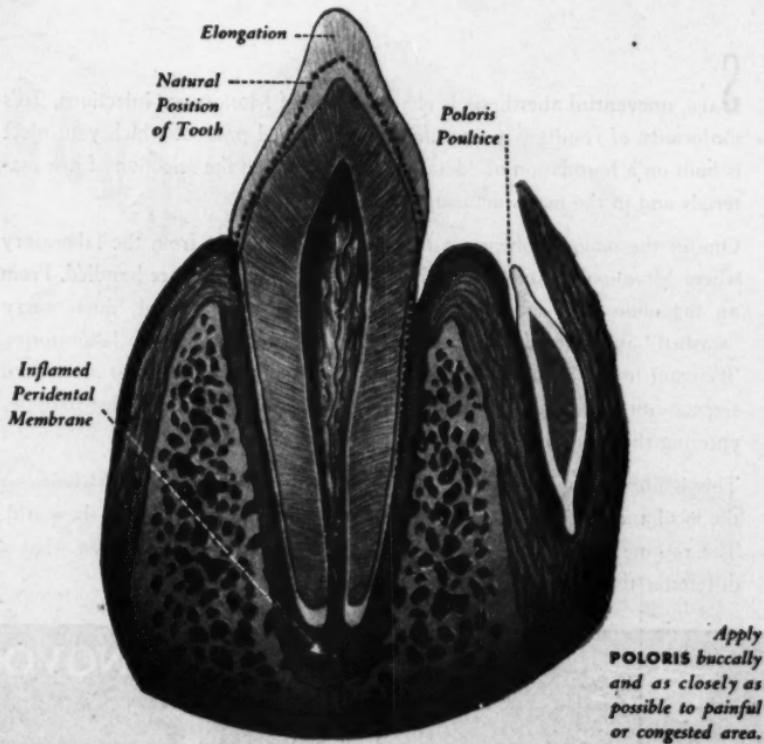
*for example:*

## PERICEMENTITIS

"Counterirritants," states Prinz, when "applied to the gums will often help to localize and relieve pain [of pericementitis]." Such counterirritant action may be conveniently applied with **POLORIS**. A professional supply of **POLORIS** is available on request. Write to

**POLORIS COMPANY, INC., 12 HIGH ST., JERSEY CITY 6, N.J.**

26-D



# KEEPING DUST *out of the picture*



**S**AFE, uneventful anesthesia is characteristic of MONOCOINE injections. This uniformity of results is no accident. The finished product which you inject is built on a foundation of "detailed" perfection—in the selection of raw materials and in the manufacturing process.

One of the major problems is the elimination of dust from the laboratory where MONOCOINE Anestubes, Novamps, Ampules, etc. are handled. From an ingenious and specially built central unit on our roof, ducts carry "washed" and filtered air into every corner of our production laboratories. We want to be sure that the air in our plant is as free from dust as modern science can make it. Only in this way is it possible to prevent dust particles entering the solution.

This is but one of the many "details of perfection" that makes MONOCOINE the local anesthetic of choice with dentists and physicians all over the world. The routine use of MONOCOINE in your practice will prove to you what a difference this attention to detail makes.



FOR EXCELLENCE IN  
PRODUCTION OF LOCAL ANESTHETICS

NOVOCOL

Monocaine is the registered trade mark of the Novocol Chemical Mfg. Co., Inc.

IN THE  
MAKING OF

# MONOCaine

IR CONDITIONING

*Detail of  
Perfection!*

HEMICAL MFG. CO., INC.

11-23 Atlantic Avenue, Brooklyn, N. Y.

Monte • London • Buenos Aires • Rio de Janeiro



# SPE A tri

Select and use any one powder and liquid. If not entirely satisfied, return balance of unopened powders and liquids for full credit.

**7 POWDERS @ \$3.00 . . . . . \$21.00**  
PETRALIT OR ASTRALIT

**3 LIQUIDS @ \$1.00 . . . . . 3.00**  
PETRALIT OR ASTRALIT  
\$24.00

**SPECIAL! \$16.50**

OFFER EXPIRES APRIL 30th, 1946

PREMIER DENTAL PRODUCTS COMPANY • PHILA. 7

WAL!  
iffer for new users . . .

**PETRALIT for restorations—cementations  
and/or ASTRALIT anterior silicate**



DISTRIBUTORS OF RED DOT DIAMOND INSTRUMENTS

# TORIT

## Dust Collectors

A two purpose investment  
to improve working con-  
ditions and to recover  
valuable waste materials

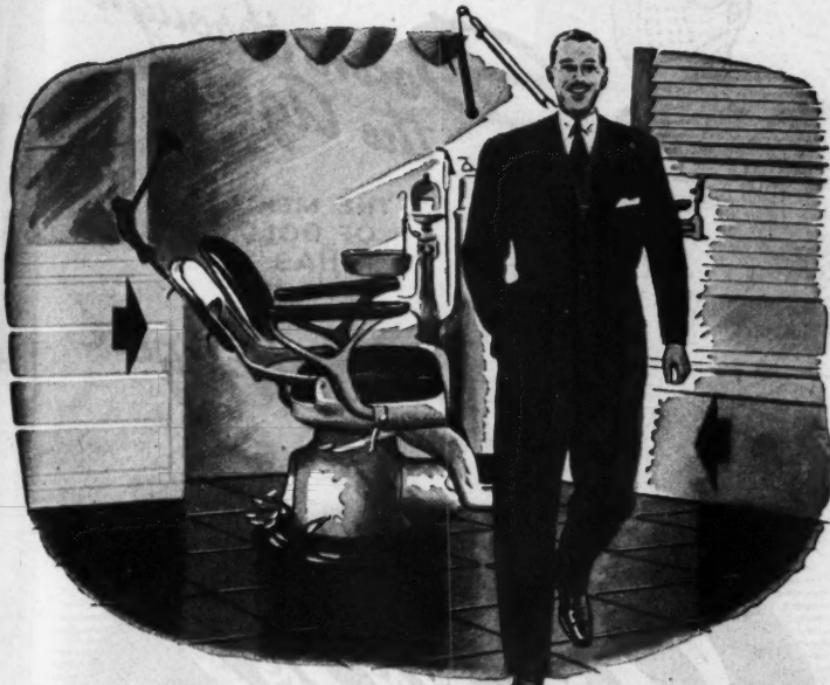
TORIT Dust Collectors catch all the dust particles. Trapped on the outside of the filter bags they are shaken into a tray for recovery and salvage of gold and other precious metals. The filtered air is re-circulated into the room.

TORIT Dust Collectors are neat, complete units ready to be connected to grinding and polishing wheels. They are available in four sizes designed especially for dental laboratories.

TORIT Dust Collectors are not available for immediate delivery. We are, however, overcoming material procurement difficulties and the situation is improving. For information and our new Dental Catalog write: TORIT Manufacturing Company, 279 Walnut St., St. Paul, Minn.



### Torit Dental Products



## WHERE PERFORMANCE COUNTS!



Two places where the local anesthetic of your choice must stand the test are in the chair, immediately after administration—and in the post operative period.

Procaine Hydrochloride "Rorer" preparations withstand these tests—by providing reliable anesthesia of maximum efficiency with safety—and with a minimum of undesirable after-effects and reactions.

The exacting and unvarying quality of Rorer solutions is safeguarded by detailed scientific control and inspection during and after manufacture. Samples and literature will be gladly supplied by William H. Rorer, Inc., Drexel Bldg., Independence Square, Dept. F, Philadelphia 6, Pa.

### PROCaine HYDROCHLORIDE SOLUTIONS



#### Injection Cartridges (Hypotubes) of

Procaine Hydrochloride 2% with  
Epinephrine 1:25,000 ADR

Procaine Hydrochloride 2% with  
Epinephrine 1:50,000 ADR

Procaine Hydrochloride 2% with  
Neo-Synephrine Hydrochloride  
1:2500 ADR

supplied in boxes of 25, 100 and 200

35 YEARS OF PAINSTAKING, SCIENTIFIC CARE TO INSURE DEPENDABILITY



*Down through  
the Ages*

THE MERIT  
OF GOLD  
HAS  
STOOD

*Unchallenged*

*Dee*  
**GOLD**

**True To The Tradition** of this noble metal,  
DEE GOLD meets the basic need of modern dentistry today . . . combining true economy with highest quality.

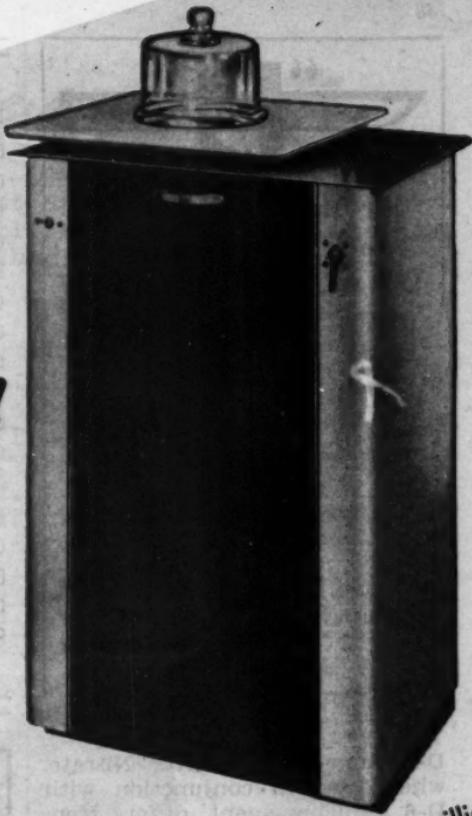
You may order, *and re-order*, any type of DEE GOLD with complete confidence, knowing that it is consistently tested for uniformity in color, quality, and perfect balance of physical properties.

GENERAL OFFICES  
AND PLANT  
1900 W KINZIE ST.

THOMAS  
**DEE & CO.**  
Precious Metals  
CHICAGO

DOWNTOWN OLD GOLD  
AND SALES OFFICE  
55 E. WASHINGTON ST.

*Announcing*  
the  
**KERR**  
*Vacumatic*



During the war this company cast, by dental methods, far more than a million intricate close tolerance parts. That huge volume was delivered WITHOUT A SINGLE NODULE to mar their surfaces. . . . Such amazing accuracy and freedom from bubble trouble, especially when working with heavy dental type mixes, was attained only by our use of high vacuum, rapidly created. . . . Equipment developed for that purpose has been combined into the Kerr Vacumatic, now available to Dentists and Dental Laboratories everywhere. . . . We foresee wide usefulness for this or without cabinet, now by Dentists and Dental Laboratories everywhere. . . . Ask us for full information.

KERR DENTAL MFG. CO., DETROIT • ESTABLISHED 1891

**KERR** *Vacumatic*

**"P" FORMULAS**

for the PREVENTION  
and TREATMENT of  
ORAL INFECTION

**"D-5"**  
**SILVER**  
**NITRATE**

and

**"D-6"**  
**REDUCER**

**Will not**  
**Discolor**  
**Simple**  
**Technic**  
**Will Not**  
**Harm Tissue**

**WILL NOT DECOLOR**

**10 ml. "D-5" AMMONIATED SILVER NITRATE AND "D-6" REDUCING AGENT**

1938 - To be used by Dentists only - FAITH PERIODONTAL SPECIALTIES CO., 809 W. MADISON STREET, CHICAGO 7, ILL.

D-5 Ammoniated Silver Nitrate, when used in conjunction with D-6' reducing agent, differs from any other Silver Nitrate Solution available. IT DOES NOT DIS-COLOR. The technic is simple and time saving. Its use involves no danger of harming soft or hard tissue . . . D-5 is an improved Silver Nitrate formula that provides dentistry with all the well-established advantages of silver nitrate therapy, and avoids the objectionable disadvantage of discoloration.

Write for information and technic on this and other "D"-  
FORMULAS

**Order from Your Dealer**

**PERIODONTAL  
SPECIALTIES COMPANY  
809 West Madison St.  
CHICAGO 7, ILLINOIS**

**HAPPY EASTER!**

When you buy Easter  
seals you share your  
Easter joy by giving  
crippled tots medical  
care, bedside teaching,  
wheel chairs, crutches,  
training for a job . . . a  
useful life . . . a chance  
to be "like other kids."



**Buy EASTER SEALS**

The National Society for Crippled Children  
and Adults, Inc., Chicago, Ill.



**Buy**

**Victory**

**Bonds**



# Not what we say, Doctor...

...There is not a similar product on the market that will equal Perma-Grip—I know, I have tried them all...

Mrs. Andrew Cox  
Gordon Grove, Calif.

...I first used Perma-Grip in Youngstown, Ohio, and found it the best powder for the money I have tried...

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Bellefontaine, Ohio

...I have tried every make of denture powder and have found nothing to equal your Perma-Grip...

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Corry, Pa.



**IT'S WHAT THEY SAY!**



*You can measure the quality of Perma-Grip by the enthusiasm of its users. This pure, snowy denture powder doesn't "ball up," has no unpleasant odor or taste, holds dentures secure for hours. Your patients . . . and we, of course, too! . . . would appreciate your introducing them to it. Made by the makers of Masso and Prophy-lac-tic Tooth Brushes. At all drug counters—35¢.*

PRO-PHY-LAC-TIC BRUSH CO., Florence, Mass.



DISTINCTIVE ADJUNCT  
TO DENTAL TREATMENT



CÉPACOL

BRAND OF ALKALINE GERMICIDAL SOLUTION

COMBINING a valuable mucin-clearing detergent action with a noteworthy bactericidal effect, Cēpacol offers a valuable aid to your instrumentation in exodontia, scalings, impression-taking, orthodontic treatments, as well as in association with specific treatment in Vincent's infection. Cēpacol is mildly alkaline, non-astringent and clinically nontoxic.

... ideal as a spray or rinse at the chair and for everyday oral hygiene

... harmless to dental instruments, artificial dentures and bridges

**PLEASANT TASTING** — Cēpacol has a delightful, refreshing flavor that appeals to your patients.

*Supplied in pints and gallons*

Trademark "Cēpacol"

Reg. U. S. Pat. Off.



THE WM. S. MERRELL COMPANY

CINCINNATI, U. S. A.



SMOOTH,  
EVEN FLOWING

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Your fine bridges or partial dentures are no stronger than their solder joints. *Research solders, of rich golden color, flow smoothly and evenly, where you want them. They build up readily without bubbling or porosity.*

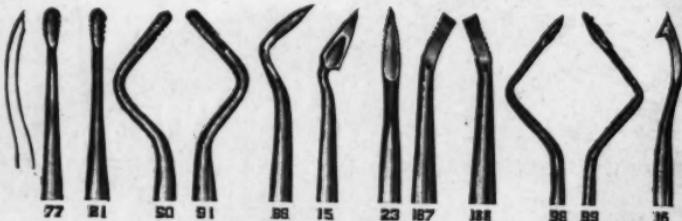
*Write for complete physical properties chart of all Research golds to help you in selecting the most efficient gold for every purpose.*

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WORKS, INC.

230 WEST 41st ST., NEW YORK 18, N. Y.



## THE WONDER SET OF ELEVATORS

Before you extract another tooth ask for information on the WONDER Set of Elevators consisting of sixteen elevators, 6 Pair Right and Left and 4 universal. The WONDER Elevator designs are founded upon a basic principle accepted universally by the dental profession. There is no confusion with the WONDER Set as the method of application is comprehensible and the results conclusive.

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Write for our 1946 catalog illustrating Wonder Elevators and other scientific products. Also be sure to observe our demonstration of Wonder Elevators at Dental Conventions throughout the country.

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For metal or plates. Gives highest luster to acrylic, vulcanite, chrome, gold and platinum. Bendick Polish leaves no greasy debris on metal or plates or on the buff, and when used with pumice, eliminates spattering on technician's gown. 3 oz. size \$6.00. One lb. Lab. size \$1.50. One oz. sample with each order.

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- Permanently Mounted
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- Protection for YOU

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## A NEW ELASTIC AND FLEXIBLE IMPRESSION MATERIAL

that requires no special technique.

Stable • No Deterioration • Long Shelf-Life

Mixes with water in approximately 45 seconds

Sets perfectly in mouth in 2 minutes

No Distortions, No Breakages. Reproduces

Finest Tissue Details, Undercuts Bulges.

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Removes Easily • No Residue

No Stickiness

NO TREATMENT OF

IMPRESSION NEEDED

Place in water until

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## SPECIAL INTRODUCTORY OFFER . . .

Regular  $\frac{1}{4}$  lb. jar, \$3.00 value for only \$2.00

For DENTURES THAT FIT

For PATIENT SATISFACTION

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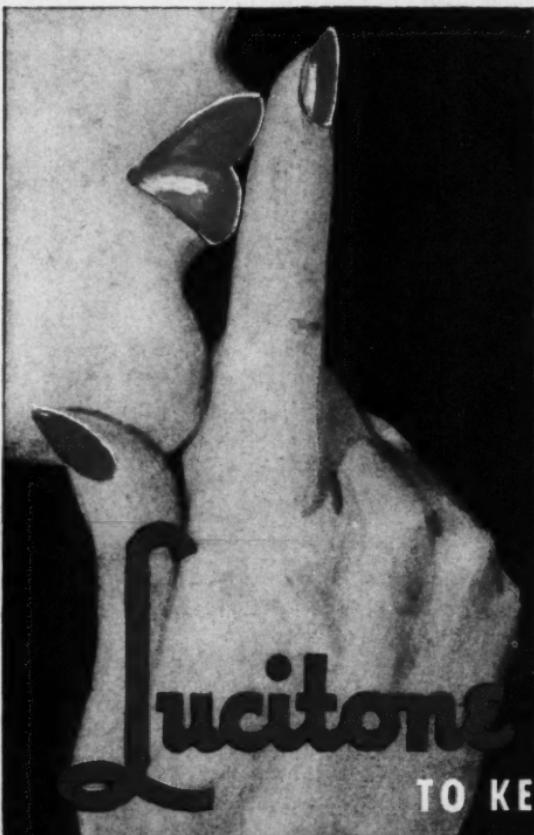
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LUCITONE has  
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LUCITONE is perma-  
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LUCITONE is stable in form

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FOR MODERN MATERIALS..



## All that Lucitone reveals is its lifelike naturalness

The behind-the-scenes operations: taking the oral impression, pouring the model, constructing the denture are secrets left with the dentist and his laboratory. The years of research by DuPont and Caulk — the technic and skill of the dentist combine to create a restoration of lifelike beauty and offering the utmost in comfort and long service. The self-confidence of the wearer reflects the assurance that LUCITONE knows how to keep a secret — perfectly.

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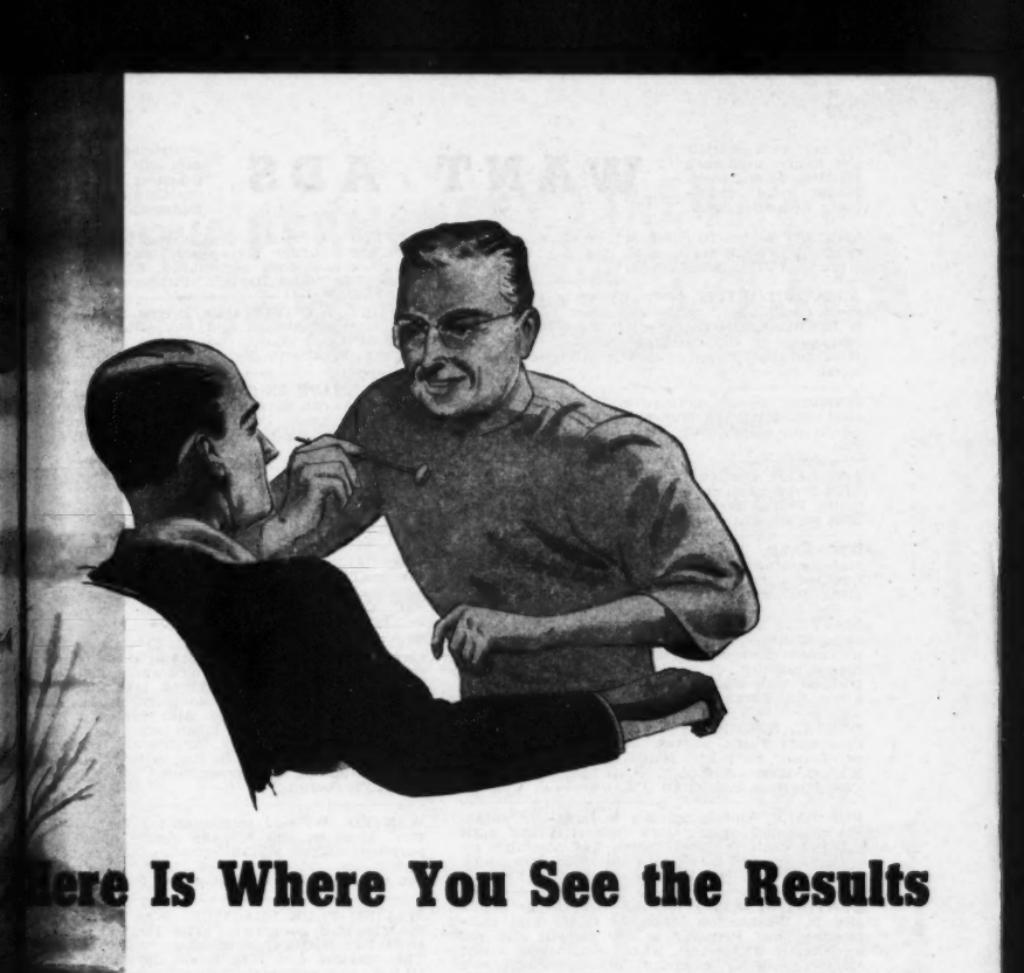


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# Here Is Where Impressions of Superb Accuracy Begin . . .

The accuracy of impressions obtained with alginate or hydro-colloid impression materials very definitely is influenced by the characteristics of the algae from which the materials are made. Therefore, in order to bring you superbly accurate impression materials, Dental Perfection Company long ago decided to do what no other manufacturer had ever done — to begin at the real beginning — to establish its own marine laboratory — and to control the entire manufacturing process of its impression materials all the way from the basic ingredient (algae) to the finished products (D-P Three-in-One Cream, D-P Elastic Impression Cream and D-P Impression Colloid). Because D-P is constantly improving the characteristics of the basic ingredient, as well as the process of manufacture, D-P impression materials offer you superb accuracy and the most thoroughly satisfactory results you have ever achieved.





## Here Is Where You See the Results

1. **D-P THREE-IN-ONE CREAM** for Full Impression Washes, Bridge and Indirect Inlay Impressions. Registers the most minute detail. Elastic, yet possess surface hardness. Compounded to compensate for stone expansion.
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As a further contribution to accurate impression taking, D-P has developed readily workable techniques for the use of each product. Very close adherence to these techniques is absolutely necessary to obtain the finest results.

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

## WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is \$1.

**DENTIST** wishes to purchase live office in Rochester, or within forty miles radius. "58" Oral Hygiene, Pittsburgh, Pa.

**PROSTHODONTIST**, ten years out of school, five years specializing, wants association with dentist in Baltimore, Silver Springs, Bethesda, Hyattsville, Maryland, or vicinity. Have complete office and laboratory equipment. "59" Oral Hygiene, Pittsburgh, Pa.

**WANTED:** Dentist licensed in D. C., under fifty, good character and personality. State age, experience and salary. "60" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Combination home and dental offices with large practice over thirty years located in South Philadelphia. Dr. V. Angelucci, 738 South 16th Street, Philadelphia 47, Pa.

**FOR SALE:** Massachusetts practice established and operated for over sixty years in city of one hundred sixty thousand. Retiring. "61" Oral Hygiene, Pittsburgh, Pa.

**WANTED:** Young veteran licensed in Massachusetts, Connecticut, and Rhode Island, wants to purchase office and laboratory equipment or a dental practice; or would welcome association or position with ethical practitioner. "62" Oral Hygiene, Pittsburgh, Pa.

**DENTAL TECHNICIAN** with twenty-five years' experience wants position in California, Florida, or Texas; forty-five years' old. Sober. Plates, bridges, Akers & Roach. High class work. "63" Oral Hygiene, Pittsburgh, Pa.

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**WANTED:** Dentist to take charge of well-established, well-located office in large Iowa city, on a partnership basis. Will expect top man with best recommendations. "66" Oral Hygiene, Pittsburgh, Pa.

**WANTED DENTIST** with Nebraska license; give qualifications in first letter. "67" Oral Hygiene, Pittsburgh, Pa.

**WANTED:** A capable dentist registered in New York state, under fifty years. Must have good character and good personality. State age and salary. "68" Oral Hygiene, Pittsburgh, Pa.

**DENTIST WANTED:** Ohio license, to associate with long established and successful high class clientele. Good salary, short hours. "Ohio" Oral Hygiene, Pittsburgh, Pa.

**DO YOU HAVE AN OPENING** for a dental technician that can do vulcanite and acrylic dentures, crown and bridge work, clasp, palatal and lingual bars, and cast partials? "69" Oral Hygiene, Pittsburgh, Pa.

**WANTED:** Good combination plate and gold mes or either. Please state salary expected. Must be sober. Seven man laboratory. "70" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Michigan four-chair office, most extractions and plate work. You can make the price back in six months. Eight thousand dollars "71" Oral Hygiene, Pittsburgh, Pa.

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**SELLING YOUR PRACTICE?** Why not also use the classified columns of The Dental Student Magazine. National circulation, 10,300 monthly. This includes over 5000 recent dental graduates (U.S.A. and overseas), balance; upper-class students who will be graduating at various periods within the next eighteen months. Rates, \$2.50 for 50 words or less, 10c per word additional; check with order. Write, Dental Students' Magazine, 605 N. Michigan Avenue, Chicago 11, Illinois.

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**WANTED:** Phillip's Recording Instruments. "75" Oral Hygiene, Pittsburgh, Pa.

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**LATHE CHUCKS**  
outlasts five  
ordinary chucks.  
Right and left to  
fit Ritter Lathes.

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DENTAL CO.,**

BOX 582

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# FINK PERMANENT LINER IN SHEET FORM

patented

No Other  
Liner  
Gives You  
All  
These  
Advantages



Reg. U. S. Pat. Off.

Formula by Arthur Fink, B.S., C.N.E.

Contains No Solvent  
The only Acrylic Liner in Sheet Form, Fink Permanent Liner contains no solvent • Non-Toxic • Non-Burning • Tasteless • Odorless • Guaranteed for Life of Denture (becomes permanent and integral part of denture) • Permanent Shelf Life • Easy as 1-2-3 • Requires no cellophane • No mixing • No processing. Delicate transparent pink blends with any color denture.

Enough Fink Permanent Liner to line over 30 dentures this new, handier, more economical way, only

**\$8.00**



1. Cut piece  
about  $\frac{1}{3}$   
inch wide.

2. Remove  
wrapper.

3. Place on denture.  
Insert in mouth.  
Dismiss patient.

**TRY FINK PERMANENT LINER  
AT OUR RISK**

with privilege of returning unused portion  
for full refund if not satisfied.

PLASTODENT, Inc., 1310 Jerome Ave., N. Y. 52  
Please send me:

Fink Permanent Liner in new handier sheet form at \$8.00.  
 Free Descriptive Literature on Fink Permanent Liner, Fink Precision Impression Powder and other Plastodent products.

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A harmonious pattern of harmonious form and color brought to its ultimate of beauty by a transparent cap of dew.

IDEAL TOOTH INCORPORATED

*no better formula  
to follow...*

Dr. Myerson's teeth are made to follow nature's own formula where beauty of form is combined with nature's own dentine colors showing softly and lustrously through a transparent enamel. This remarkable duplication of nature's beauty is integrated with maximum ceramic strength. This masterpiece has been imitated the world over but *never equalled*.

*Dr. Myerson's*

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*and*

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# ADVERTISING INDEX

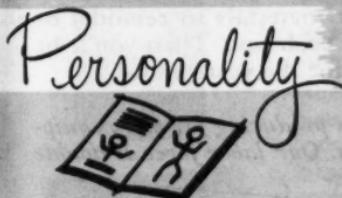
# WHO'S WHO AND WHERE

Although we aim for accuracy in this index, last-minute changes often alter page numbers and positions.

Abbott Laboratories	667	Ideal Tooth, Inc.	
Adamczyk, Andrew T.	694	International Dental Co.	
Aderer, Inc., Julius	590-91	International Nickel Co.	
Akme-Steele Mfg. Co., The	694	Jelenko & Co., Inc., J. F.	
American Cabinet Co., The	733	Johnson & Johnson	
American Can Co.	701	Jules Press	
American Chicle Co.	697	Justi & Son, Inc., H. D.	
American Sterilizer Co.	687	Kerr Dental Mfg. Co.	672, 701
Anacin Co.	602-03	Kolynos Co.	
Angelica Jacket Co.	678	Konformax Division, Permatex Co., Inc.	
Anzell Specialty Co.	723	Lacher, S.	
Baker & Co., Inc.	685, 677	Lane Dental Mfg. Co.	
Bard-Parker Co.	708	Lavoris Company, The	
Bayer Co.	721	Masel Co., Isaac	
Bendick Co.	752	Master Metal Products Co.	
Bosworth, Co., Harry J.	592	McCormick Rubber Co., E. J.	
Bristol Laboratories	725	McKesson Appliance Co.	
Bristol-Myers Co.	586, 662, 575, 4th cover	Merrill Company, Wm. S.	
Buffalo Dental Mfg. Co.	683	Mills Mfg. Co., Kenneth	
Burton Mfg. Co.	588	Minimax Co.	
Butler Co., Dr. John O.	698	Mizzy, Inc.	684-85
Camel Cigarettes	587	Moyer Co., J. Bird	
Campho-Phenique	583	Mullen Bros.	
Castle Company, Wilmot	660	National Biscuit Co.	
Caulk Co., L. D.	754-55	Ney Co., J. M.	
Chandler Record Systems	724	Nobilium Products, Inc.	
Chayen Dental Instrument Co.	601	Novocol Chemical Mfg. Co.	
Chicago Wheel & Mfg. Co.	724	Noxzema Chemical Co.	
Church & Dwight Co., Inc.	716	Nun Specialty Co.	
Clark-Cleveland, Inc.	576-77	Ohio Chemical Mfg. Co.	
Cleveland Dental Mfg. Co.	2nd cover	Pelton & Crane Co., The	
Cox Laboratories, Inc.	671	Pepsodent Co.	
Columbia Dentoform Corp.	732b	Periodontal Specialties Co.	
Columbus Dental Mfg. Co.	696	Pittsburgh Specialty Co.	
Continental Chemical Co.	676	Plastodent, Inc.	
Cook-Waite Laboratories, Inc.	710-11	Polident	
Co-Oral-It Dental Mfg. Co.	690	Polaris Co., The	
Coralite Dental Products Co.	675	Precious Metals Research Works	
Corega Chemical Co.	584	Premier Dental Products Co.	
Cornish Laboratories, Robert E.	686	Proco-Sol Chemical Co.	
Cratex Mfg. Co.	704	Professional Printing Co.	
Crescent Dental Mfg. Co.	732a, 732b, 732c	Prophylactic Brush Company	
Curtis Pneumatic Machinery Co.	720	Ransom & Randolph Co., The	
Cutter Laboratories	655	Reynolds Tobacco Co., R. J.	
Dee & Co., Thomas J.	746	Rinn X-Ray Products	
Dental Absorbents Co.	676	Ritter Co., Inc.	
Dental Perfection Co.	756-57	Rocky Mountain Metal Products Co.	
Dental Products Co.	732d	Rorer Inc., William H.	
Denticator Co.	674, 694	Sharp & Dohme, Inc.	
Dentists' Supply Co., The	580-81	Silvadent Company, The	
Dentlock and Dentgle	594	Smith & Son Mfg. Co., Lee S.	73
Dentyne Gum	697	Spyco Smelting & Refining Co.	3rd
Dewey School of Orthodontia	674	Squibb & Sons, E. R.	
Diamond R. Agencies	690	Standard Dental Laboratories	
Dresch Laboratories Co., The	699	Star Dental Mfg. Co., Inc.	688-89
Drucker Co., August E.	604a	Stark's	
Dudley Research Corp.	722	Stearns & Co., Frederick	
Eastman Kodak Co.	653	Sterile Products Co.	704, 711
Ethical Brands, Inc.	678	Stern & Co., Inc., I.	
Fischer & Co., H. G.	658	Stim-U-Dents, Inc.	
Fluordent, Inc.	678	Torit Mfg. Co.	
Forhan Co.	604d	Union Broach Co., Inc.	
Fort Orange Chemical Co.	594	United Drug Co.	
Foster Dental Supplies, Ray	732c	United States Bronze Sign Co., Inc.	
Fournet, Dr. Sidney C.	658	Universal Dental Co.	73
Fowler, Dr. Ernest	690	Vibro Dental Products, Inc.	
FR Corp.	599	Vernon-Benshoff Co.	
Friedman Specialty Co.	752	Weber Dental Mfg. Co.	70
General Electric X-Ray Corp.	691	Wernet Dental Mfg. Co.	664, 68
Getz Co., William	585	Western Gold & Platinum Works	
Glaabrook Bros.	720	White Dental Mfg. Co., The S. S.	5X
Gomco Surgical Mfg. Co.	705	White Laboratories, Inc.	
Hanau Engineering Co., Inc.	604c	Whitehall Pharmacal Co.	
Hoffman-LaRoche, Inc.	604b	Williams Gold Refining Co.	602-03
Hoover Uniforms	732a	Wilmot Castle Co.	
Hudson Products, Inc.	680-81	Young Dental Mfg. Co.	
Hu-Friedy Mfg. Co.	663		
Huppert, K. H.	694		
Husband Dental Supply Co.	717		



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Entertain your child patients with "Kolynos Kids." They're easy to make—send for free folder.

TOO!

Yes . . . that friendly, wholesome, refreshing Kolynos flavor . . . that tangy, distinctive taste . . . has a personality tailor-made for helping patients become fast friends with the too often friendless tooth brush. And Kolynos' cleansing action is friendly, too—safe, dependable.

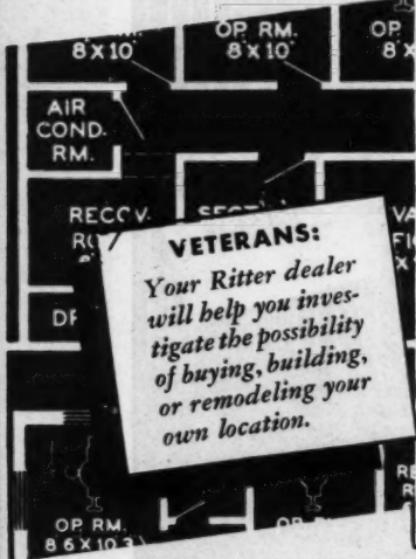
These are the reasons why "Kolynos" is such an important word in the tooth-brushing instructions of so many discriminating dentists.

**KOLYNOS**  
POWDER • PASTE

A Product of the

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# Which One of These 8 Locations Fits Your Future Practice?



1. The residence-and-office combined?
2. The ground floor location with professional store front?
3. The 2-story building with offices for dentist and physician on one floor, and rent-paying apartment on second floor?
4. The individual Bungalow Dental Studio?
5. The Professional Studio owned by three or four dentists or by a combination of dentists and physicians?
6. The grouped individual Bungalow Studios with open court connecting—for a dentist and two physicians?
7. The office building suite?
8. The apartment house suite?

To help you choose the right plan for your next step in Dental Leadership, read the Ritter Office Planning Book which shows all these types of location with photographs and detailed Ritter floor plans. While you are waiting for materials to remodel or build, investigate all the advantages of each one. Then you'll be sure you have made the right decision for the years ahead.

**EQUIPMENT DELIVERIES...** Ritter is producing far more equipment today than ever before in its history. Our labor force is double our prewar total. Equipment is being delivered in sequence with veterans receiving top priority. Ritter quality is being maintained—it is preferred by the majority of dentists in America. Ritter Co., Inc., Ritter Park, Rochester 3, New York.

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BUILT UP TO A STANDARD

NOT DOWN TO A PRICE



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Write us for your copy.



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**KONFORMAX**



**YOU, TOO, can make good impressions—every time  
 —with Konformax Full Mouth Impression Material.**

**Konformax Full Mouth Impression Material flows  
 freely without pressure, gently seeking out and  
 faithfully, permanently registering every depth,  
 every ridge, every contour . . . in just 7 minutes!**

**Impressions are secured with tissue at rest—they set  
 hard and can be removed without distortion.**

**Konformax Full Mouth Impression Material will save  
 you valuable time in preparation and application  
 —assure a fine impression for your technician—  
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 make-overs!**

**KONFORMAX DIVISION, PERMATEX COMPANY, INC.  
 BROOKLYN 29, NEW YORK, U. S. A.**

**NEW, SINGLE-UNIT TUBES!**  
*Tubes contain measured amounts  
 for one Full Mouth Impression.  
 Chemically treated container  
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*Send me a copy of your new folder, "Techniques for Full Lower and  
 Upper Dentures."*

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*CITY \_\_\_\_\_ STATE \_\_\_\_\_*



## *The Publisher's Corner*

By Mass

Number 299

### **VETERANS' CLEARINGHOUSE**

The CORNER has been printing free want ads for returning Dental Corps members seeking positions or locations, and for civilians having opportunities to offer them. Here are some more (*see also page 936*):

**AL**—New York-licensed veteran dentist, with many years of experience in private practice, desires good location. Will purchase successful office, or consider association with view toward eventual partnership or purchase.

**AM**—Southern Iowa dentist who is moving to California is interested in corresponding with a veteran who might wish to take over his long-established practice. Fine practice, office, and home with furniture available at once.

**AN**—Army dental officer, awaiting release, interested in purchasing practice in Colorado. Will consider attractive offer as an associate with option as a partner. Conducted successful general practice in Pennsylvania for fifteen years. Three years' service in Army convalescent and regional hospitals. Relocating due to wife's health.

**AO**—Western New York dentist contemplating gradual retirement from four-chair practice, offers excellent opportunity to veteran. Will arrange to sell out at end of period of time, or now with privilege of working a few hours each week.

**AP**—Discharged captain, with three years' service in Army Dental Corps, is interested in contacting Southern California dentist. Wishes to locate on Coast.

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*Where the Toothbrush*  
STOP...

- When moistened, STIM-U-DENTS, BY REASON OF THEIR COMPRESSIBILITY, form a perfect fit in the teeth spaces not reached by the toothbrush.
- When gently moved back and forth they produce a highly efficient massaging action which thousands of dentists "swear by" as invaluable in their treatment of PYORRHEA AND GINGIVITIS.
- Simultaneously, the contacted teeth surfaces are cleaned and polished, food particles that cause BAD BREATH and DECAY are removed and cervical borders of fillings and crowns are rendered bright and clean and far less likely to recurrence of decay.
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Keep Your Patients  
Thinking of You.

## STIM-U-DENTS

PROFESSIONAL COURTESY PACKAGE (This offer confined to members of the profession only.)

STIM-U-DENT, INC.  
54 Alfred St., Detroit 1, Mich.

Enclosed find \$1. Send me professional Courtesy Package, containing 100 Special Packets (like cut) designed exclusively for dentists.

Dr. \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_

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Stim - U - Dents also  
make excellent  
wedges in inlays and  
other procedures.



OXYGEN ATTACK



The best periodontal defense is an active oxygen attack upon the anaerobic pathogens responsible for Vincent's and similar infections. Oxygen-liberating Vince® rinse is good therapy in the presence of infection, and better still when used prophylactically prior to infection in the presence of such predisposing conditions as:

1. deep gingival sulci
2. calculus
3. partially erupted teeth
4. faulty dental restorations
5. impinging crowns, clasps, and partial dentures
6. proximal contact loss with subsequent food impaction
7. caries
8. periodontoclasia with drifting teeth
9. malocclusion—developmental and acquired
10. loss of teeth
11. mechanical injuries from toothbrush, floss, or toothpick

prophylaxis and therapy of periodontal diseases such as Vincent's infection.

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Distributed by STANDARD LABORATORIES, INC., 113 West 18th St., New York 11, N.Y.

\*In order that your patients may derive the benefit of your experience, take advantage of our **SAMPLE OFFER** to the **PROFESSION** to test a **MODEL D** Tooth Brush for yourself!

MODEL D—the only tooth brush with all 4 Approved Features—Extra long, straight handle; Reinforced end tuft; Flat brushing surface; 3 sizes; 2 Row, 3 Row, Junior Child's.

We believe that your experience with the Model D Tooth Brush will enable you to prescribe it for your patients with complete confidence in its superiority for interdental cleansing.

THIS COUPON and 20c (to cover handling) brings you a MODEL D Tooth Brush with your name in gold on the handle.



**THE MODEL D CO.,**  
934 Wyandotte St.  
Kansas City, Mo.

For enclosed \_\_\_\_\_ c send me \_\_\_\_\_ Model D Tooth Brushes at 20c per brush with my name stamped in gold on the handle.  
 2-Row       3-Row       JR.  
(This offer is limited to 6 of each model.)

Dr. ....

Address. ....

..... 546 OH





**STRIKE**

**V**ERNONITE is notable for its strength, the secret of which lies in the fact that it is the sum, or a nice balance, of various types of strength each of which is important in the success of a denture. These types include *tensile, compression, shear, impact and transverse strength*.

#### TENSILE STRENGTH

In non-technical terms, tensile strength is the ability of a material to resist forces that tend to pull it apart. In a denture it is involved in every form of load application. It is highly important in some constructional members of partials. It is tensile strength which holds teeth securely in place.

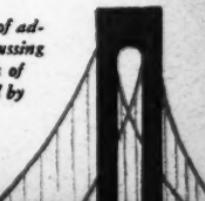
The tensile properties of Vernonite, when properly cured, are sufficient for all the needs of a denture material plus an adequate factor of safety to take care of the most unusual conditions. Strength is necessary for a denture's long and satisfactory service. Prescribe Vernonite for strength.

**VERNON-BENSHOFF CO., P. O. BOX 1587, PITTSBURGH 30, PENNA.**

**NGTH**

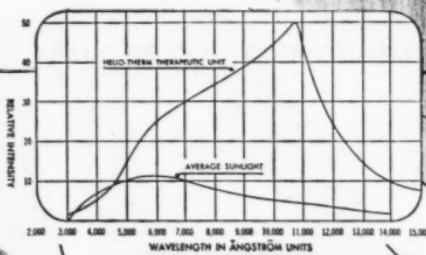
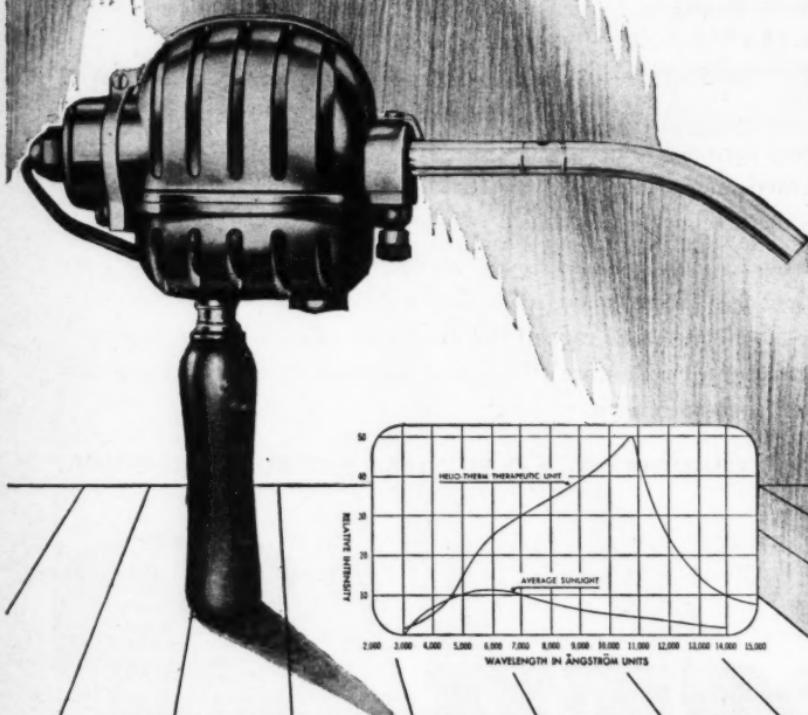


*No. 1 of a series of advertisements discussing the various types of strength possessed by Vernonite.*



# PRESENTING...A NEW CONCEPT

IN ONE UNIT...



THE RADIANT ENERGY OF THE SPECTRAL RANGE  
GENERATED BY

# helio-therm

Patent Numbers: U. S. 1800277  
Canadian 274981—415121

# IN RADIATION THERAPY

**radiation that offers an ideal adjuvant in the treatment of post-operative pain**

**... as well as other important clinical indications!**

- Today's progressive dentist now has at his command a source of **super-solar healing energy** in a compact unit for the administration of radiation therapy in many clinical indications presented in everyday practice.

- The **helio-therm** Therapeutic Unit (Official Model) delivers to the treatment area **spectral energy** in **super-solar Intensity**, yet without irritation or injury to delicate or sensitive cellular tissues. An optimum value of **deeply penetrative** healing radiation is generated, producing concomitantly, deep photo-chemical and photo-thermal effects —a distinguishing characteristic that sets **helio-therm** entirely apart from other methods of radiation therapy.

- These factors are an indication of the value of the therapy.

- As conservative dentistry is the rule today, such therapy will be welcomed as a valuable prophylactic and regenerative technique.

- **helio-therm** radiation therapy is being favorably reported in the adjuvant treatment of Vincent's Infection, pericementitis, Cellulitis, acute, sub-acute, and chronic infections.

- Its therapeutic value in the treatment of **post-operative pain** and "dry socket" is being markedly demonstrated.

- In the face of such support, **helio-therm** therapeutic radiation is rapidly becoming recognized as a valuable, as well as impressive, adjunct to the well-equipped dental office.

- Why not request detailed information from your regular dealer? You will find it well worth your investigation. . . . Or write direct to:



**helio-therm**

**THERAPEUTIC EQUIPMENT DIVISION OF**

**AIRADIO**

**INCORPORATED · STAMFORD, CONNECTICUT**  
**PRODUCTS OF RESEARCH... SKILL... EXPERIENCE**

# introducing

THE PFINGST AJUSTO ANGLE has all the advantages you've wanted in a contra angle. It may be adjusted instantly to any one of eight positions—it's a *precision* instrument, so simply constructed that it can be taken apart completely and reassembled within a few minutes.

All parts are stainless. Only two small parts are subject to constant wear and you replace these yourself with new parts as needed to restore the Ajusto Angle to maximum efficiency.

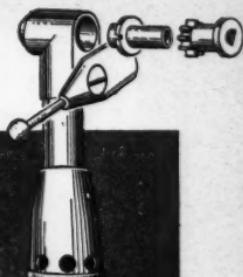
The Pfingst Ajusto Angle is so constructed to assure absolutely smooth operation; elimination of "wobble" and end play of bur. When wear does occur to impair its efficiency, replacement of the head bushing with the standard inexpensive renewal part makes the Ajusto Angle good as new.



The button within the circle is the instant release by which the angle is adjusted to any one of eight positions.

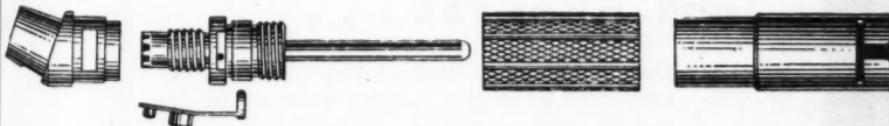
A STAINLESS, STERILIZABLE CONTRA  
ANGLE IN WHICH WEAR IS DIRECTED  
TO TWO INEXPENSIVE PARTS WHICH  
YOU CAN REPLACE IN LESS THAN A  
MINUTE.

*A precision instrument.*



AJUSTO

ANGLE



THE PFINGST AJUSTO ANGLE has seven parts including the head assembly. The tail piece unscrews to release parts as shown. Each drive unit of the assembly is a standard precision part. Should any part become damaged you can replace it at once without delay or costly repairs.

Note design of gear teeth. They are constructed to roll smoothly and with minimum wear. This exclusive gear design is far more efficient and durable than the sharp type used in ordinary angles.

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THIS IS

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IMPERIAL CARTRIDGE  
*Syringe*

by Ranfac



**RELIABLE, STURDY  
and PRECISE . . .**

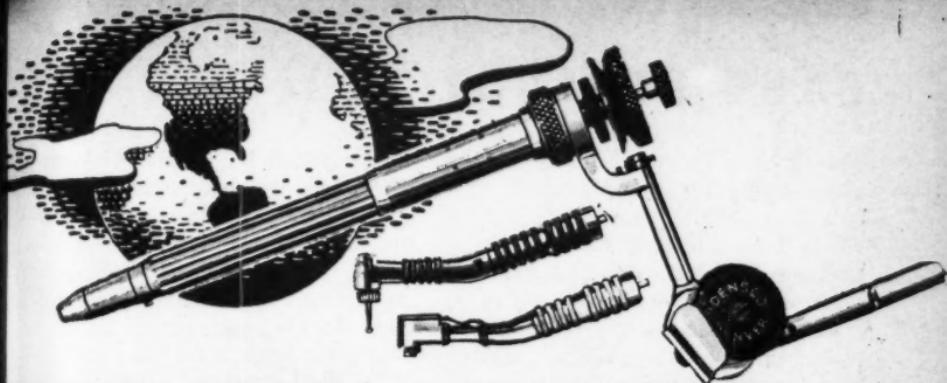
Dentistry's most dependable, most widely used syringe is this notable instrument designed and precision made by Randall Faichney, specialists since 1888. Used by dentists throughout the world. True, precise, perfectly balanced—permits the most delicate application of anesthesia. To insure perfect technique use RANFAC Imperial Cartridge needle obtainable in all practical sizes.

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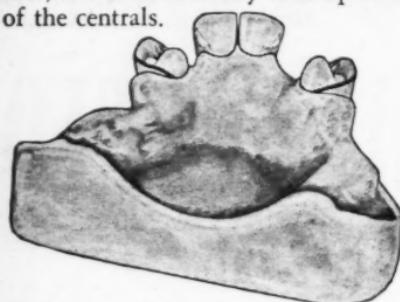
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U. S. A.

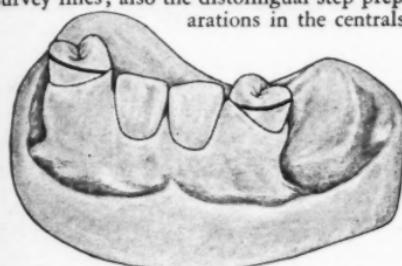
Co.

# CASE HISTORY IN GOLD\*

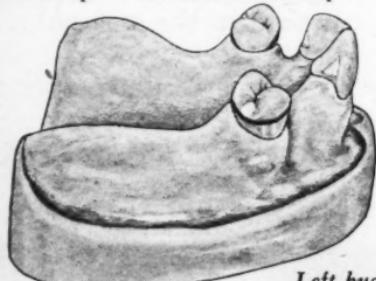
The problem in this case was to plan a restoration for an upper arch with only four teeth remaining in it, which would have adequate stability of the free-end saddles and, at the same time, avoid an excessive display of gold. Because back-action clasps could be placed on the bicuspid abutments to hold the saddles firmly against the tissues, it was unnecessary to clasp either of the centrals.



*Distal view.* Note typical back-action survey lines; also the distolinguinal step preparations in the centrals.

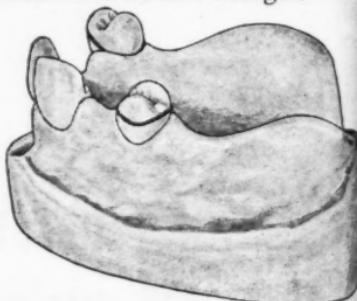


*Mesial view.* The buccal of the bicuspids shows the wide retention area for the flexible tips of the back-action clasps.



*Left buccal view.* The upper right bicuspid clearly shows entire absence of lingual undercut.

The polished NEY-ORO G-3 casting illustrated weighed only 6.25 dwt. (\$12.50 for the gold framework without allowance for sprues and grindings). On the same basis a PALINEY #4 casting would weigh 5 dwt. (metal cost, \$6.25). Whenever back-action clasps are being used on a case, gold is the ideal structural material because of its remarkable resiliency in combination with flexible strength.



*Right buccal view.* Notice the very definite support obtainable when the distolinguinal slice preparation is properly cut in the central. This type of rest has the advantage over an incisal hook because it does not show gold and, in addition, is preferable to the usual continuous lingual strap in that it is not so likely to cause drifting of the central.



\*Number Fifteen of a Series

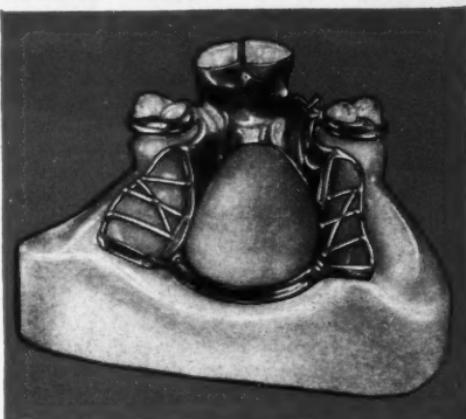
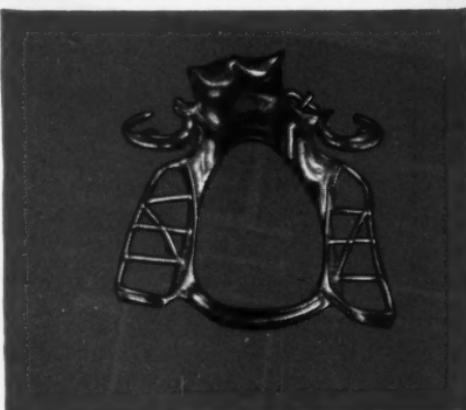
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**A**nalysis with the Ney Surveyor showed clear-cut back-action clasp indications on the bicuspid abutments, i.e. no lingual undercut, a slight distal undercut, and a well-defined buccal undercut.

The appliance was further designed with anterior and posterior palatal bars, the anterior bar coming up over the cingulum of the centrals and having, on the under side, two step rests to fit the slice step preparations in the distolinguinal of each tooth. The posterior bar serves to prevent the saddles from spreading in use.

Distal retention of the back-action clasps hold the free-end saddles securely against the ridge. For support (in addition to the saddles), rest seats are prepared in the four natural teeth, being careful to cut the seats so that all forces to be applied will be at right angles to the long axis of each tooth. Bracing is obtained from the steps in the centrals, the truss arms and rigid parts of the back-action clasps, and from the broad saddles.



#### **NEY-ORO 6-3**

**\$2.00 per. dwt.**

#### **PALINEY #4**

**\$1.25 Per dwt.**

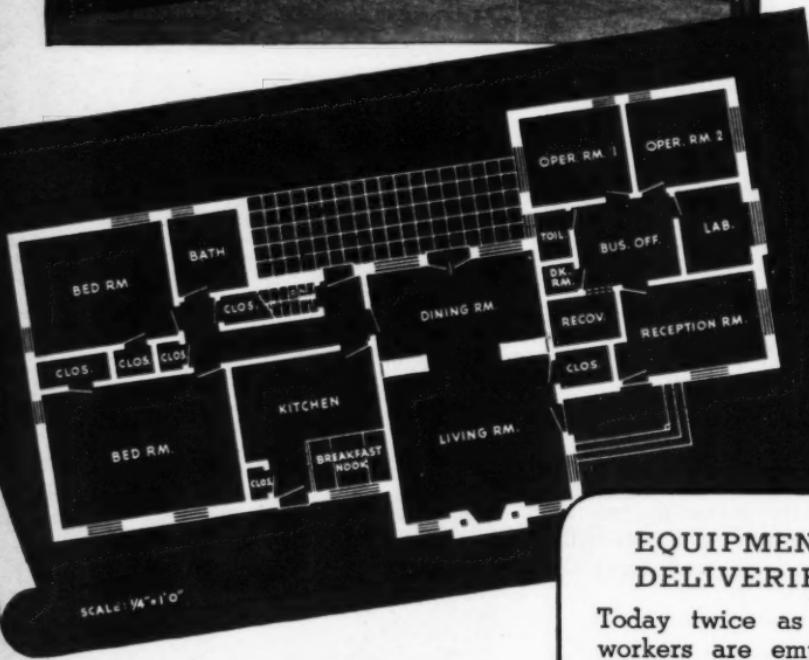
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No. 1

# Have You Considered the *Residence-and-Office* Combination for Your Dental Practice?

Many veterans are planning to buy or build this type of dental location. They have investigated its advantages and believe it offers one of the best practice opportunities today. Note that this plan shows three operating rooms—two for the dentist and one for his hygienist. For the younger dentist, the third room can be used as a business office until it is needed for expansion.

## CHECK ALL EIGHT TYPES OF LOCATION

(shown in the Ritter Planning Book):

1. The residence-and-office combination.
2. The ground floor location with professional store front.
3. The 2-story building with offices for dentist and physician on one floor, and rent-paying apartment on second floor.
4. The individual Bungalow Dental Studio.
5. The Professional Studio owned by three or four dentists or by a combination of dentists and physicians.
6. The grouped individual Bungalow Studios with open court connecting—for a dentist and two or more physicians.
7. The office building suite.
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**DOSAGE:** One tablet chewed for one-half to one hour at intervals of one to four hours depending upon the severity of the conditions. If preferred, several tablets—rather than a single tablet—may be chewed *successively* during each dosage period without significantly increasing the amount of sulfathiazole systemically absorbed.

**IMPORTANT:** Please note that your patient requires your prescription to obtain this product from the pharmacist.



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